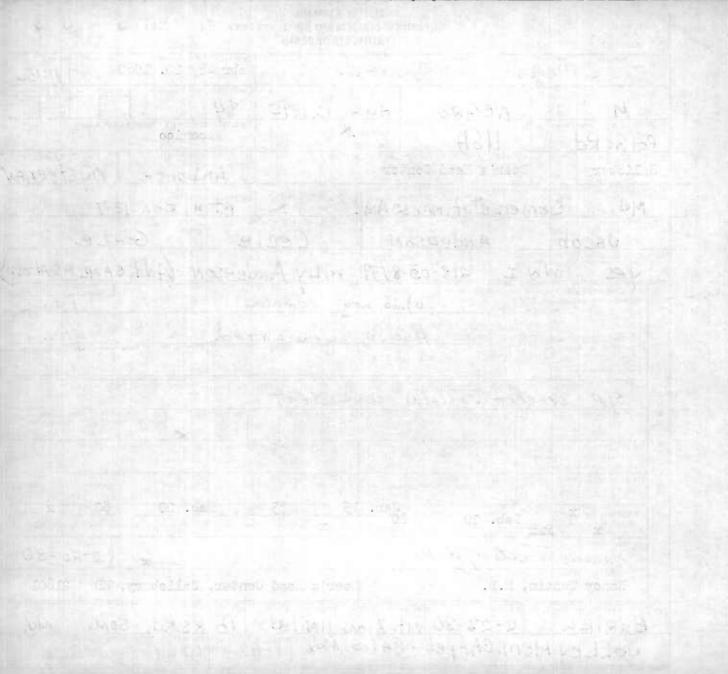
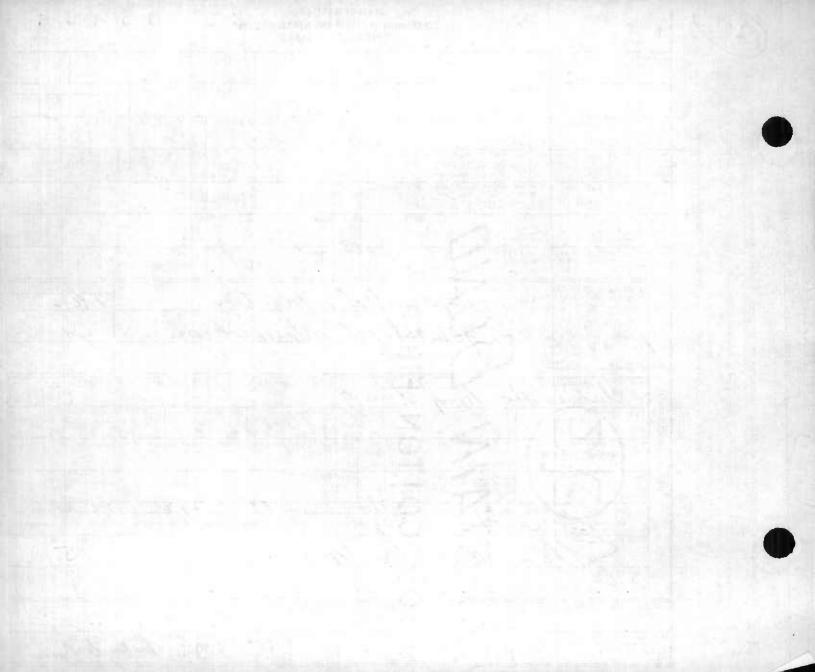
WALL CONTRACTOR Washers Philips 1 - 5 - 1764 and The Sand Comment of the second Religion of the local state of t May write the course of the mile and James Western Helpins & Hottle Lieux - France

Micenico Latinott Feminals Compared Monthless grands Lan

· mar H	1	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYC ICATE OF DEATH	GIENES O	0 5 4	8 3
Ma con de		CEASED NAME ORPRINT) LIHER	A 1	SON	February 20.		26. HOUR 11:15am
rector, pours after o	3 SE	M	NEGRO Au	0	6 AGE LIN YEARS LAST BIRTHDA	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
death Pe	1 8	RTHPLACE ISTATE OF FOREIGN PUNTRY) KS Rd, V	USH WIDOW		BALTIMORE CITY OR C Wicomico		MD.
1201 ours ofter dec in by the function of fled within the fle	S	alisbury	Deer by Heya or terribers	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF W	ORKING LIFET INDUSTRY	STERMAN
LAND 21;	130	Md, Sou	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY MERS ET TO NCCSS AM	13d. INSIDE CITY LIMITS? EYES NO (2)	130. STREAT ADDRESS	x 137	
maky maky med with ond 2 lexamin)	ATHER'S NAME FIRST VACOB VAS DECEASED EVER IN U.S. AI	ANDERSON	15. MOTHER'S MAIDEN NA	MIDDLE ADDRESS	GALE	5T
be execution and corrs. Pages 1		VAS DECEASED EVER IN U.S. AI res, no or unknown) (IF YES GIV VES W	E WAR OR DATES)	INFORMANT HILY AN	1	dd. SAME	
b) W. PRESTON ST., BAI that the death certificate d by the attending physic ease remove corbon pape of, cremotion, or removal.		PART I. DEATH WAS CAUSI	DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	ry edemo	0	BETWEEN	UMATE INTERVAL ONSET AND DEATH OLORY
requires the requires the signed to the please of the plea	TION	SIP eer	conditions contributing to death but ebro vascular a	ccident			
no be no he permi	CERTIFICATION	190 DATÉ OF OPERATION	196 CONDITION FOR WHICH OPERATIO		YES NO	OB. IF YES, WERE FINDING CAUSES YES	NGS USED S OF DEATH?
> 2 2 0 0 1 8 0	MEDICAL CE	210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19		RED (ENTER NATURE OF INJURY IN	NITEM 18, PART 1 OR PART 2)	
DING PHYSICIA Or ottending pi After this certifies os the buriol-riolth and Mental marked or Item	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	city or town	COUNTY	STATE
R ATTEND hospitol o RECTOR: 1 hed for use ppt. of Hea		obove, (M.(we) (did) (did)	Feb. 20	nd that in try) (our) opinion	, 10		
0 9 0 90 =		22b. SIGNATURE Maney 1	uster, mipi	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAL	27c. DATE 2-2	10-80
TO HOSPITAL etoined by the TO FUNERAL should be deal with the Stote IMPORTANT:		Nancy Tustia	a, M.D.		Center, Salis	bury, MD	21801
BP	(BURIAL CREMATION, REMOVAL	236. DATE 23-80 Mt. 21	EMETERY OR CREMATORY	POLKS RO		STATE?
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	INERAL DIRECTOR	em. Chapeless- SAli	S. Md. 15 DAT	REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNAT	



211		1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATI		05484
			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
to, pegie 3	9		HARMO	OND EDWARD	ANDREW	February	2, 1980 M
Teris		3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YE	6 AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
Poge direct			Male	White	Sept. 17,18		YRS
uneral di un 72 ho	3F	M	RTHPLACE (STATE OR FOREIGN OUNTRY) aryland	USA	MARRIED MEVER MARRIE	WICOMICO	MD.
us ofter in by the fiftled with enotified	80	S	alisbury	Peninsula G	ing home or other institution et appress) eneral Hospit	(TYPE OF WORK FOR MOST OF W	
hin 24 hou ely filled in should be	35	13a S	STATE 113h CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNITY 134 CITY OR TO COMICO Salis	DURY YES NO [AITS? 130 STREET ADDRESS	
mpletely ond 2 sh	22/	14 FA	William Ed	dward Andrew	15 MOTHER'S MAID Sall		Davis
n and ca Pages 1	1	160 V	VAS DECEASED EVER IN U.S., 1985, NO OR UNKNOWN) (IF YES, CO	ARMED FORCES? 166 SOCIAL SEC SYEWARD DATES) 218-05		vicia A. Andr	same as 13 ew (wife)
ow requires that the death cert been signed by the attending mit. Then please remove corbon prior to burial, cremation, or real any injury, or other troumatice,	0	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying couse lost	DUE TO, OR AS A CONSEON DUE TO, OR AS A CONSEON T CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICE	VENE OF arte	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
The lo	7	ERTIFIC	21g. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY	121c HOW INJURY	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO NITEM 18 PART OR PART 2)
or ottending physical and ottending physical after this certification of the buriol-traility and Mental Hymorked or Item 18	7	MEDICAL C	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 216. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND ospital o ECTOR: ed for use it. of Heo m 21 is n				spital) attended the deceased from	ond that in (my) (our) c	ppinion death occurred on the date	e and hour and from the causes stated
by the hy ERAL DIRI e detache State Dep			22d. PHYSICIAD SNAME (TYPE	Alles	DEGREE ATTEND PHYSIC 122e ADDRESS	MEDICAL STAFF	275 DATE SIGNED 2 / 5 / 80
TO HOSPITAL etained by to TO FUNERAL should be del with the State IMPORTANT:)		E.M. Beard	dsley, M.D.	Salisb	ury, Md.	
BP		(:	Burial, cremation, remove Specify) Burial		NAME OF CEMETERY OR CREMA rest Grove Cemet	tery Parsonsbu	rg, Wic., Maryland
HMH - 16 50M 1/76 (VR A 15 (4))		24 FU H(UNERAL DIRECTOR OLTOWAY FUNERA	L HOME, Salisbur	y, Md.	FEB & 1980	b. RESTRAR'S SIGNATURE



medical examir

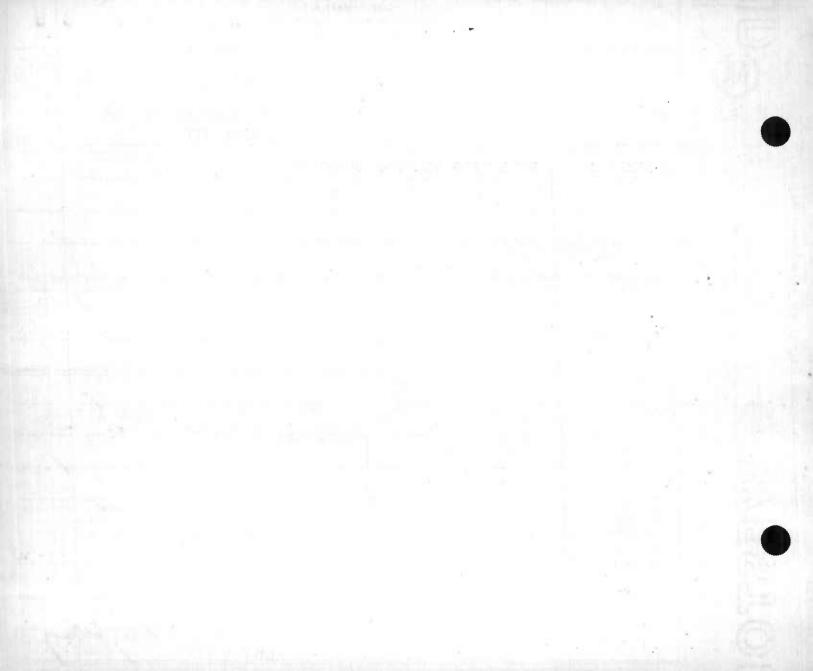
marked or Item 18 shows any

IMPORTANT If hem 21 is

1	Section .			STATE	OF MARYLAND	22 24 29	100 PA 118
P.	1.	FOR	DEPAR	TMENT OF HE	ALTH AND MENTAL HYG	IENE & U	5 4 6 3
1		REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.	
1		CEASED NAME FIRST OR PRINT)	MIDDLE	/\ TAS	ST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
		С.	Douglas	HOR	rebu	tebruary à	24 1980 743 M
١	3 SEX	(4 RACE	S. DATE OF	BIRTH ()	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Tale	White	Sept		7.7 YRS.	
1	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	Th CITIZEN OF WHAT COUNTRY	/? 8 MARRIED	NEVER MARRIED	BALTIMORE CITY OR COUNTY	r OF DEATH
6		elaware	USA	WIDOWED		WICOMICO	MD.
5		LISBURY	PENINSULA GE	ET ADDRESS)	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE ELEC. Engines	
1	USUA 13a S	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1 101101
5		1.00 0.00	comico Salisb		YES NO	508 N. Pinehu	irst Ave.
	14. FA	THER'S NAME	MIDDIF LAST	1	15 MOTHER'S MAIDEN NAM	ME	
2	1	Clayton Do	ouglas Applei	bv	Kate	WIDDIE	Gary
Ĭ	lás V	VAS DECEASED EVER IN U.S. A			17 INFORMANT	ADDRESS	
1		(ES, NO OR UNKNOWN) YES, GI	221-12	-4126	Mrs. Cather	rine H. Appleb	ume as 13 ov (wife)
		18 CAUSE OF DEATH (Enter o	inly one cause per line for (a), (b), a				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0) Pulmon		Subolous		2 hours -
J		1676	(TE CAOOL (O)	1			,
1		Conditions, if any, which	DUE TO, OR AS A CONSEQ	Tentil	Corriino	ma-	2 months
1		gove rise to immediate couse 101, stating the) 10,				
		underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF			
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	D DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIV	/EN IN PART 1(a)
	Z						
3	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION	WASPERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
L	TIFK	2-22-80	Panczent	lie Cou	zcinoma	YES NOW IN CERTIF	FYING CAUSES OF DEATH?
j	CER	218 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18, P	
		OR CONTRIBUTING CAUSE OF DE	in i	DAY YEAR			
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION		
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
1			oital) attended the deceased from		-9- 1980	10 2-24	19_80, that (1) (we) last
1		saw the deceased alive a	0 - 24 19. of view, the body after ideath.	80 , and	I that in (my) (our) opinion d	death occurred on the date and hou	ir and from the couses stated
1		22b. SIGNATURE	Olimon dia		EGREE		224. DATE SIGNED
1		11/10	equencen	1	1. D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-24-80
7		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	DIRECTOR (S) THIOTELET (S)	
1		George Gali	Ranakis				
	23a. B	URIAL CREMATION REMOVA		NAME OF CE	METERY OR CREMATORY	234 LOCATION	
	(5	urial			Cemetery	Salisbury, W	icomico. Md.
	24. FU	INERAL DIRECTOR			25e DATE	REC'D. BY REGISTRAR 256. REGIST	D Za /
	Н	OLLOWAY FUNE	ERAL HOME, * Sal	lisbur	v. Md. CE	B 2 7 1980	
ч			,		, , , , , ,	U~	

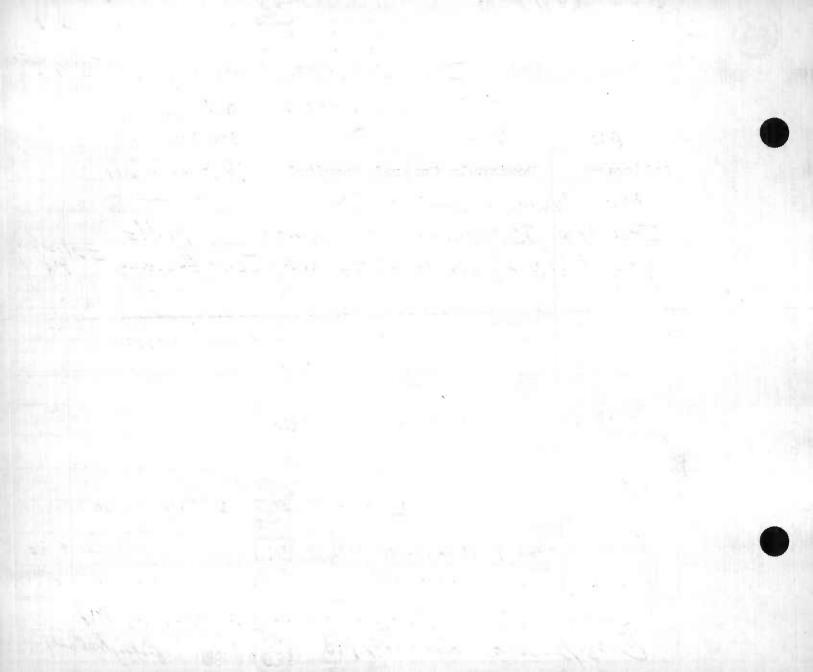
DHMH-16 20M (VRA 15, 4) 7/78

BP.

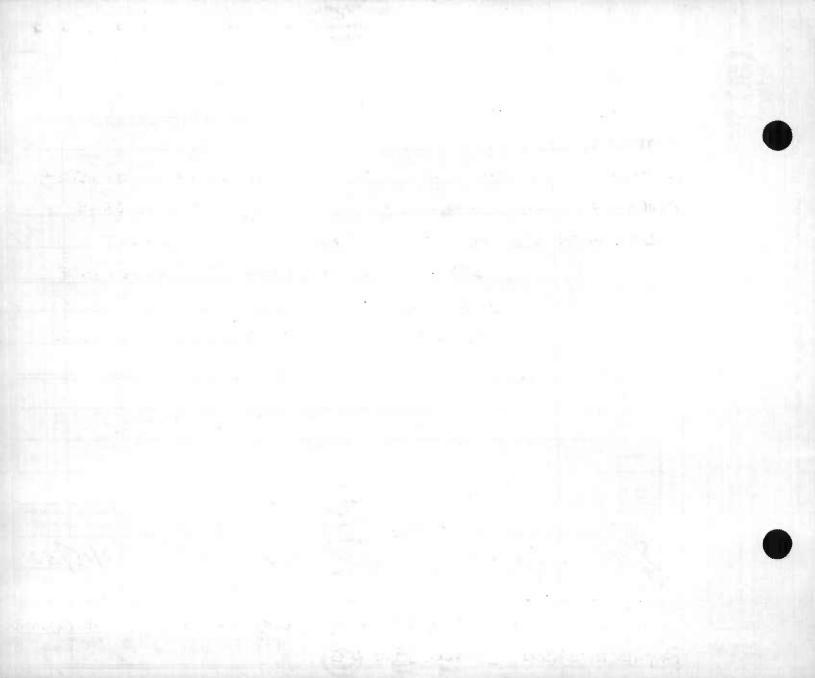


DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN DE (TYPE OR PRINT) ESTI-30P N. BAUGHN CLARENCE DEATH MATED 4 RACE & AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED White Male 1899 80 yps 9 DEAD TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY Wicomico Virginia U. S. WIDOWED DIVORCED ED. IB CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS NOT IN SUCH EACILITY, GIVE STREET ADDRESS) Peninsula General Hospital Salisbury Education BE ORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION 13c. CITY OR TOWN 3a. STATE COUNTY 13d. INSIDE CITY LIMITS? Beechwood St. Md. Somerset rincess Anneyes NO [OE VITAL F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wilson Baughan Onie Robert 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Princess Anne. Md. DIVISION (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES PAGES 221-22-5690 Mrs. Kathleen Baughan, Beechwood St. APPROXIMATE INTERVAL BETWEEN DISET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) HEALTH , CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NOT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL PM 21e. PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK WHILE 22a. I certify that I took charge of the remains described obove, held an Autopsy Inspection death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) 2-14-80 ACTUAL Deputy DATE PAGE 4 SHOU TO FUNERAL DATER DEATH, BALTMORE, MA SIGNATUR MEDICAL EXAMINER ADDRESS 409 Camden Ave., Salisbury, Md. EXAMINER'S NAME Moyer, M.D. Earl 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 17/80 Cremation Lewes, Delaware Delmarva Crematory BP 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** inman Funeral Home. Princess Anne. Md. tricking Melready (VR A15 ME (5)) 30M 7/73

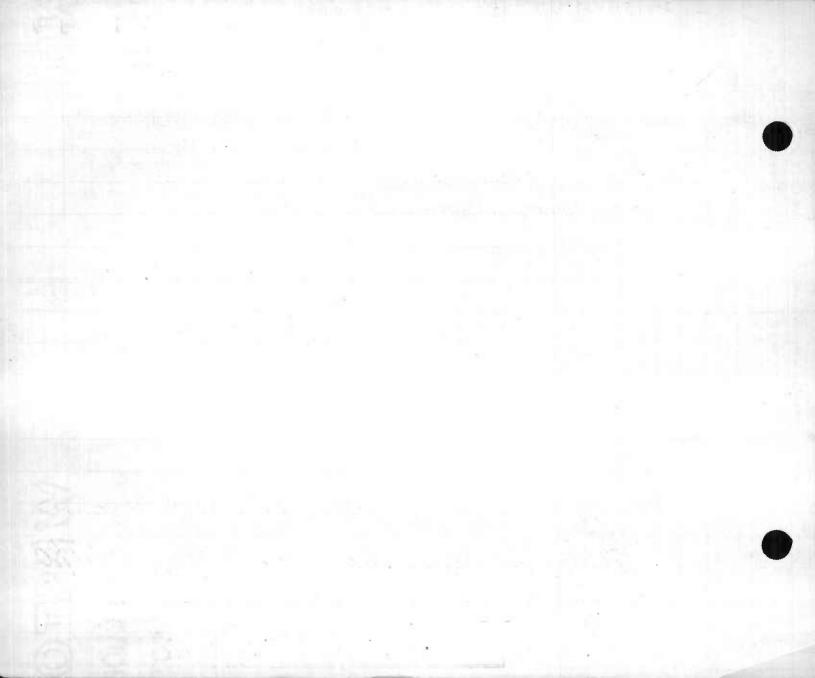
Aball E le tinna samonies 221-22-5690 .ms. inthised sweams, sport no Crementon Till B Scinarys Cremetery verses and amount the state of the s Item 4 g540 2 3/3/80 gj



1081	1 -	FOR STATE REGISTRAR		STATE OF MARTEARD SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0	05	88
9		CEASED NAME FIRST OR PRINTING ELMER	LARRY	BENNETT	20 DATE OF DEATH	2-15-80	20. HOUR 10:30A _M
	3 SE	MALE	WHITE	5. DATE OF BIRTH MONTH DAY YEAR 8-6-08	6. AGE JIN YEARS LAST BIRT	MONTHS DAY	
fied of once.	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	<u>r</u> county of death County	MD
natified	10 C	LISBULU	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Salisbury Nursi	ADDRESS)	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTR	OF BUSINESS OR
ner must be natif	USU,	AL RESIDENCE (IF NURSING HOME OF	A de la companya de l		13. STREET ADDRESS	,	
Comine	14 FA	THER'S NAME FIRST CRAWFORD	IRA BENNETT	IS MOTHER'S MAIDEN NAME FIRST	MIDDLE	BENNETT	LAST
medical		VAS DECEASED EVER IN U.S. AR. (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	1269 JOWE B. ALL		SURROAM DI FOIRIS DIRAW	RIVE
s, ar remaval		PART I. DEATH WAS CAUSE	ly one couse per line for 101, (b) one DBY:	of thrombo	15/5	APPRI BE I WIN	OXIMATE INTERVAL IN ONSET AND DEATH
or other froumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO OR AS A CONSEQUE	Leon acteurs	Aclerose	5	ges.
njury,	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	<u>PEATH</u> BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
shaws any	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
ī œ		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE PARTY OF THE PARTY OF	Y YEAR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)
marked or them	MEDICAL	Z11. INJURY OCCURRED WHILE NOT WHILE AT WORK	21 R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM. ETC.) 211 LOCATION STREET	CITY OR TOW	YN COUNTY	STATE
of He 21 is		270.] certify that (I) (this haspi saw the deceased alive an above, (*) (web/did) (iii)	ol) attended the deceased from	, and that in (my) (our) opinion	death accurred on the de	. 19 8 C	, that (I) (we) last he causes stated
detoched ote Dept		22h SIGNATORE	ewely	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF 2/	15/80
with the Stot	1	FARL M. BFART	V01010	22R ADDRESS CIVIC AVE. ER	T. 50. SALI	SBURY, MD.	
3 5	-	URIAL, CREMATION, REMOVAL SCIR WAL		ARDICLA MEM LEMENTS	23d LOCATION CITY OF TOWN	COUNTY	n ARYLIA
16 20M 4) 7/7B	PA	INERAL DIRECTOR NAME YNTER M.WATS	ON SEAFORD	DELAWARE 250. OF	EB 2"V"9980	256. REGISTRAR'S SIGN	Cready



Item 7a g541 3/7/80 gj

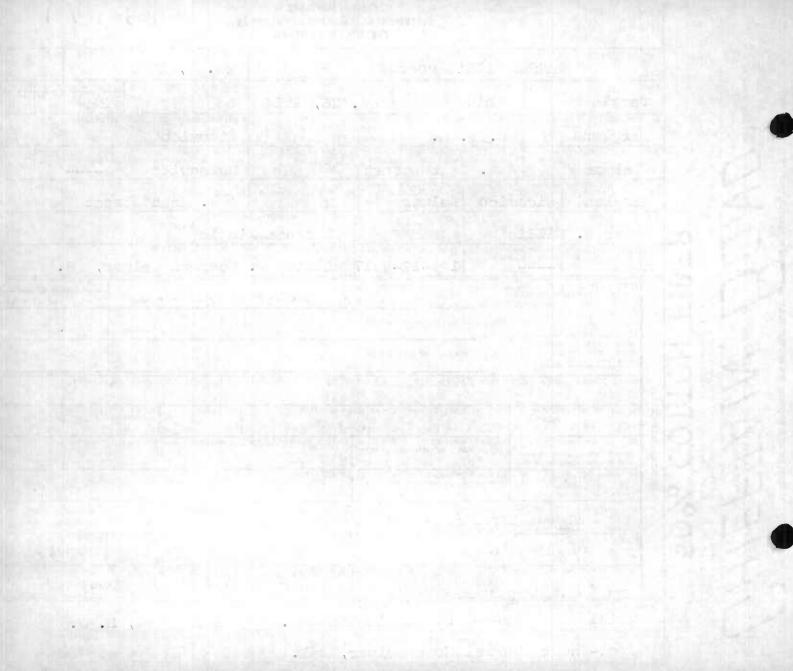


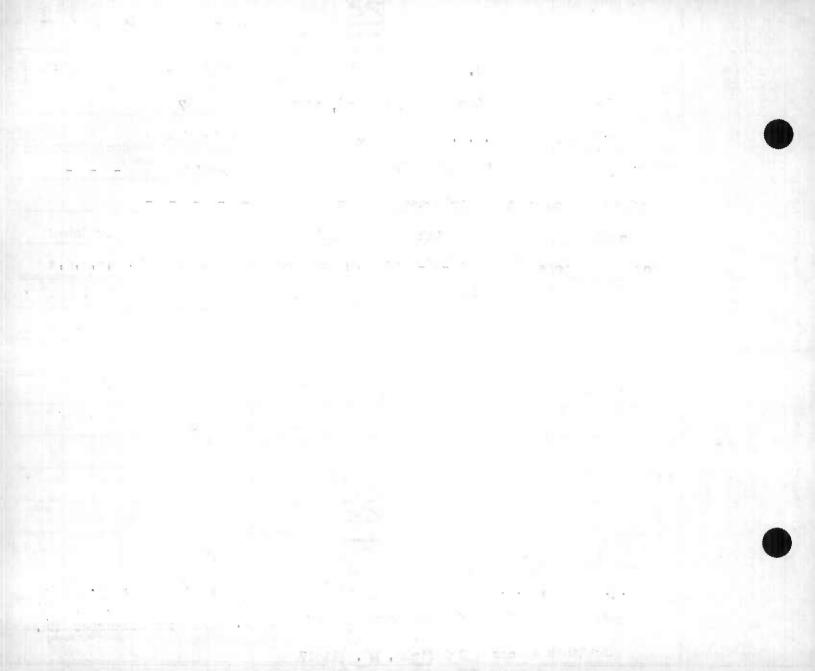
FOR

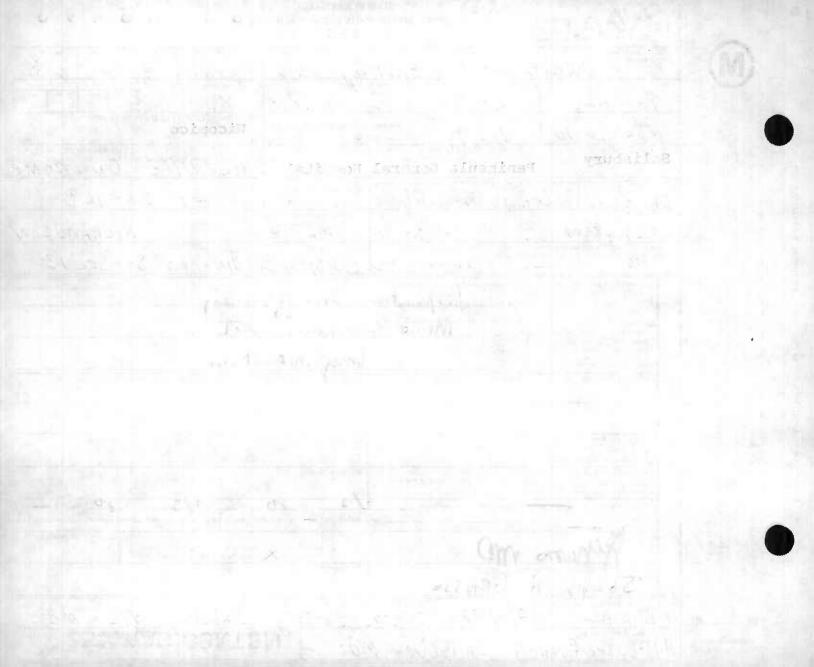
(VRA 15, 4) 1/79

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

700 50 13				
Shruary as, 1980				
				17,000
on terroity	**/			
post increies continue	for ignored	state streat	at You	Mai/ed
100 years 1000				
California .	720172	Brown	ni.	
m - 1.2. 2 Face 122, Early	Maria M. Ro	22% 18-3115	5	8.50







MIDDLE

- STATE

REGISTRAR

. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

REG. NO 2a. DATE OF DEATH MONTH YEAR 2b HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH CDMICC

120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hote

Parsonsburg

COUNTY

STATE

Division Street

Kilmer Rt.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

EXERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF DEATH? YES [NO [

CITY OR TOWN

that (I) (we) last and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

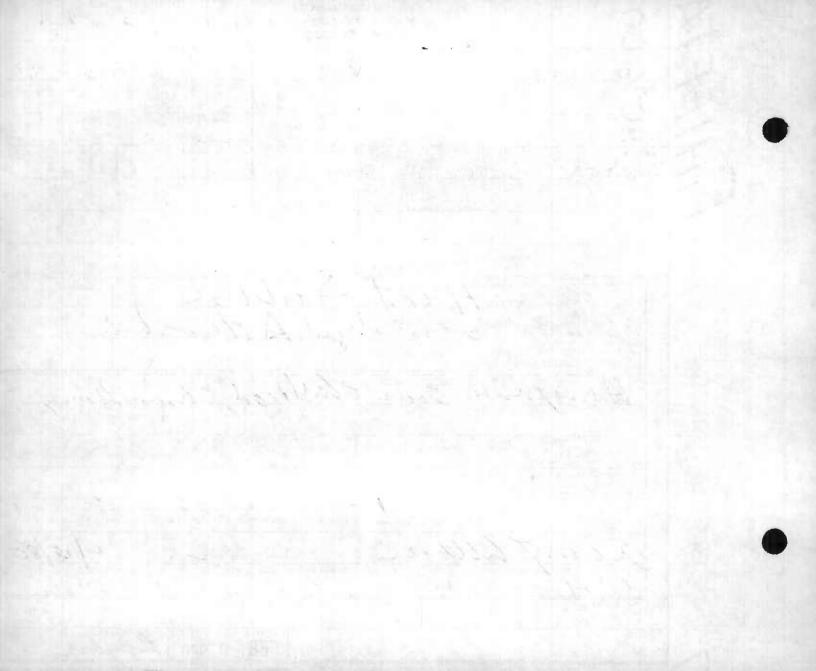
STATE

19/80 Cremation Henlopen Crematory. Sussex, Delaware Lewes. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

HOME, Salisbury,

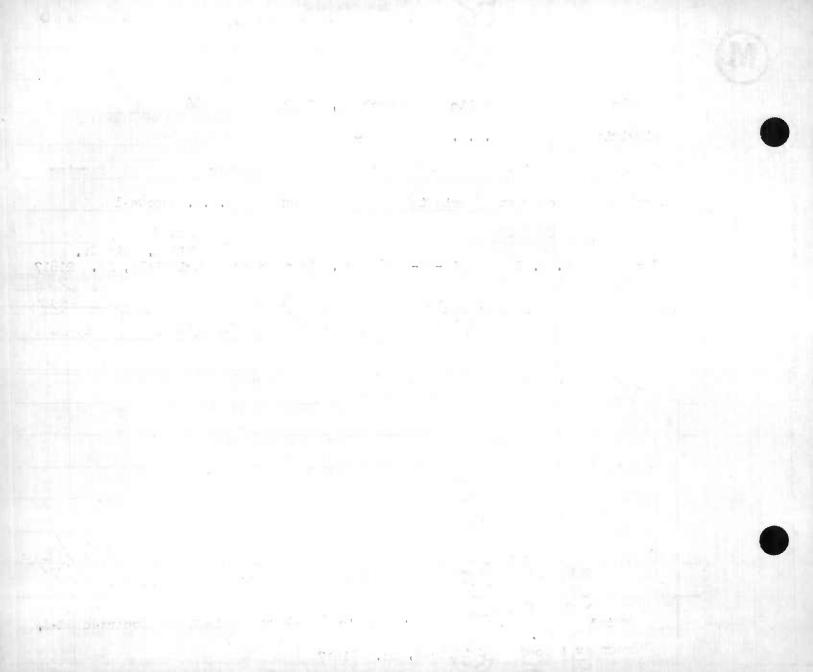
(VR A 15 (4))

BP. DHMH - 16 60M 1/75

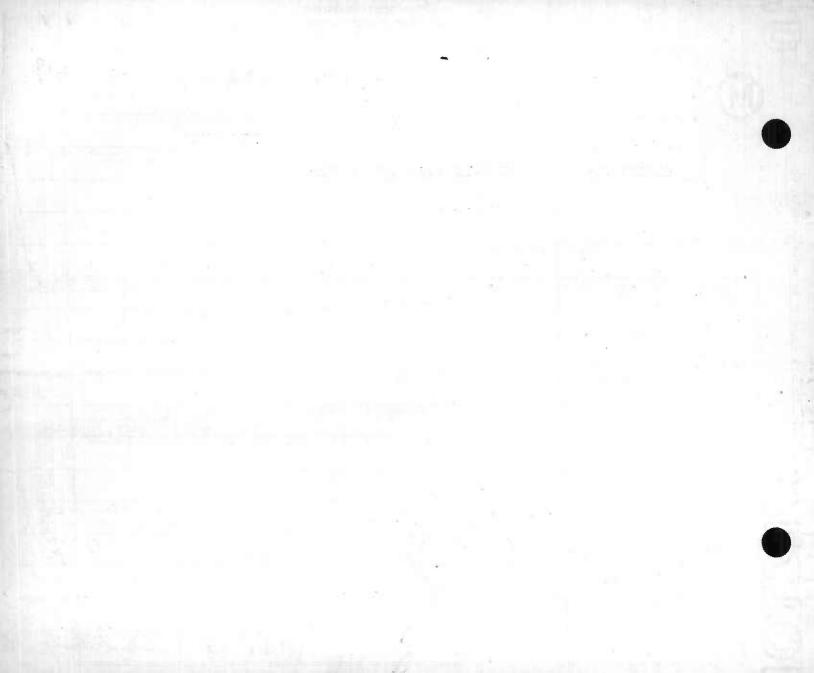


LAYAL DYALL PQ-I Ferre stide binders' THE STREET STREET AND LANGE. boallow of grant nilredwell to break wincese Anne He. TELE-10-555 F.S. Charlenlin , Pr. 49, 100 Pdg Carlot Andrew Street Commencer bautemangsenna arabakt,

- STATE REGISTRAR			STATE OF MARY NT OF HEALTH ANI CERTIFICATE OF	MENTAL HYGI	IENE 8 0	0	5 4	9 6
1. DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH		DAY YEAR	2b. HOUR
	IARLES	LEE	COLES		_	2 (01 1980	10:50 %
3. SEX	4 RACE	5	DATE OF BIRTH	YEAR	& AGE (IN YEARS LAST I	URTHDAY)	MONTHS DAYS	HOURS MIN
Male			March 2,	1893	86	110.		
70 BIRTHPLACE ISTATE OR I COUNTRY) Virginia		C A	MARRIED NEVE	R MARRIED	9 BALTIMORE CITY WICOM	_	Y OF DEATH	MD
O SALISBURY	SALISBU	HOSPITAL, NURSING CHFACILITY, GIVE STREET ADD JRY NURSING	G HOME	ISTITUTION	12ª USUAL OCCUPA (TYPE OF WORK FOR MOS Farmer		FE) INDUSTRY	of BUSINESS OR
USUAL RESIDENCE IF NUR 130. STATE Maryland	13b COUNTY Somerset	GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN Crisfield	1134 INSIDE	CITY LIMITS?	13. STREET ADDRESS		ell	
14 FATHER'S NAME	UNKNOWN	LAST	15. MOTHE	R'S MAIDEN NAM	AE .	NOWN	LAS	ī
160 WAS DECEASED EVER	(FYES, GIVE WAR OR DATES)	218-05-88		Flora So		13° W. I		21817
18 CAUSE OF DEAT PART I. DEATH V	TH (Enter only one couse per WAS CAUSED BY: IMMEDIATE CAUSE (0)	line for 101, lby and 10	O Horo	nlos	15	7	BETWEEN	ONSEY AND DEATH
Conditions, if any gove rise to im couse (a), stati underlying couse	mediate	R AS A CONSEQUENCE	Belle	uteu	scless	ns	4	n,
Z Allera	ATION 198 COND	ONTRIBUTING TO DEA	ease.		20a AUTOPSY?	206. IF YE	S, WERE FINDIN	NGS USED OF DEATH?
A	CAUSE OF DEATH HOUR A.		YEAR	INJURY OCCURR	YES NO		PART I OR PART 2)	но 🗆
OR CONTRIBUTING (FEITHER, NOTIFY MEDIC 21d INJURY OCCUR WHILE AT WORK A	WHILE T	OF INJURY REET, FACTORY, OFFICE, FARM	A, ETC.) 211 LOCAT	TION	CITY OR T	OWN	COUNTY	STATE
sow the diffeos	(this hospital) attended the	N 8) (our) opinion d	, toleoth occurred on the	date and hou		that (I) (we) lost couses stated
	1/200	lle	DEGREE	ATTENDING	MEDICAL ST	AFF SICIAN [DAY DAY	SIGNED 80
The GSSMURE	g Jella	0 8	1220 4000					
DE DINISICIAN'S N	EARDSLEY, M.).	22. ADDR US 50	ESS	AVE.,SALI	SBURY,	MD. 2	1801
DE DINISICIAN'S N	EARDSLEY, M.I	23c. NA/	US 50	ess CIVIC CEMATORY Cemetery	234 LOCATION	eld_S	county	STATE



	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	05497
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
5	,	William	n Tyler	Coonrod	February	1,1980 45M
2	3. SEX	(4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BAT	HDAY) IF UNDER I YEAR IF UNDER 2% HRS MONTHS DAYS HOURS MIN
1		lale	White	April 30, 1919	60	YRS
7	CC	RTHPLACE (STATE OR FOREIGN ONLY)	USA	MARRIED XNEVER MARRIED WIDOWED DIVORCED	WICOMICO	R COUNTY OF DEATH
18/0 () ()	10, C1	Oraine UNIO		G HOME OR OTHER INSTITUTION	128. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 126. KIND OF BUSINESS OR
A Sust be	13a S	TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 136. CITY OR TOWN COMICO Salisb	N 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 419 Lob1	lolly Lane
120		THER'S NAME FIRST alph	MIDDLE LAST Coonrod	15. MOTHER'S MAIDEN NA. FRST Della	WE	Hall
medico /	Ida W	(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GN UN	RMED FORCES? 146 SOCIAL SECU VE WAR OR DATES) 276-12		Taylor Co	same as 13
prior to burio), cremotion, or removal ony injury, or other troumotic event, the	TION	Digs	retic Nephro	DEATH BUT NOT RELATED TO THE TERM		
18 shows ony	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Hem 18 s		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		23¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
Ö	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	CITY OR TOW	VN COUNTY STATE
21 is morked		saw the deceased alive a	n	, and that in (my) (our) opinion	death occurred on the do	1987), that (I) (we) last ate and hour and from the causes stated
Stote Dept		226. SIGNATURE Sen	S. Ch.		MEDICAL STAP	
With the State Dept IMPORTANT: If them		22d. PHYSICIAN'S NAME (TYPE)	OR PRINT)	270 ADDRESS 344-D	Riversid	e Drive
3 3	(:	CURIAL, CREMATION, REMOVAL BURIAL	3	NAME OF CEMETERY OR CREMATORY COMICO Mem. Par	23d LOCATION CITY OR TOWN k Salisbur	county state
20M 1) 7/7B		INERAL DIRECTOR	ERAL HOME, ADDRESS Sal	25a DAT	E REC'D. BY REGISTRAR	236 REOSTRAR'S SIGNATURE



	1-:	FOR STATE REGISTRAR					TAND MENTAL		H REG. N	5	ent.	9 8
		CEASED NAM	AE FIRST	ınk	MIDDLE	(Cooper		OF ESTI-	MONTH	7 ₁₉	YEAR 26 HOU
FILES FILES FILES FOUR TREET	3 SEX	-	4 RACE	S. DATE OF BIRTH				ER 24 HRS. 2c.	DATE	MONTH	DAY	YEAR 2d. HOL
2 0× - V	ma		white	2 13	26 5	3 YRS.	HS DAYS HOURS		DEAD	2	7	80 101
PRESTON	Ja. BII	RTHPLACE (STATE OR	76. CITIZEN OF WH.	AT COUNTRY?	8. MARR	IED NEVER MA	RRIED 9 1	BALTIMORE CITY			ATH
6	Ma	aryla	nd	USA		WIDOV		RCED TO	Wicomic		unty	M
		ittsvi		II. NAME OF HOSP	ITAL, NURSING	HOME, OR OTH	HER INSTITUTION	FORMOS	OCCUPATION (TY) T OF WORKING LIFE) borer	PE OF WORK	ORIN	of BUSINESS IDUSTRY
5	13a. S		13b. COUN	ROTHER INSTITUTION, GIVE TY OMICO	13c CITY OR TO		134. INSIDE CITY LIMITS	13a STREET	ADDRESS	X		
		THER'S NAM		MIDDLE CO	pper		15. MOTHER'S MA	IDEN NAME	MIDDLE	I Le	wis	т
1	16a V	AS DECEAS	ED EVER IN U.S. AR	WAR OR DATES)	16b. SOCIAL SI		17. INFORMANT		ADDRES			
		Yes	W.	W. II	218-2	0-2768	Hilda	C. Li	ttleton	, De		
I		18 CAUSE	OF DEATH (Enter on DEATH WAS CAUSED	ly one couse per line f	or (o), (b), and	c).)					BETWEE	OXIMATE INTERVAL N ONSET AND DEAT
ı		FARITE		re CAUSE (a)	Gunshot	wound o	of chest		rifle			
		763	52	DUE TO, OR	AS A CONSEOU	ENCE OF						
		gave	ons, if ony, which	(b)								
1			a) stating the <u>under-</u>	DUE TO, OR	AS A CONSEOU	ENCE OF						
1				(c)			2 (50)C) (13)					
	NO	PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH 8	UT NOT RELATED TO	THE TERMINAL OISEAS	SE OR CONDITION GIVEN IN	PART 1 (a).	D. GLESS			
1	ATIC	19a. DATE O	FOPERATION	19h CONDIT	ON FOR WHICH	OPERATION V	VAS PERFORMED?			7 50	20 AU1	OPSY?
I	IFIC										YES	XX NO
	MEDICAL CERTIFICATION	UNDERLYIN	IAL CAUSE WAS OR ING CAUSE OF I	21b. TIME OF HOURKANA.	MONTH DAY 2/7	YEAR	ow injury occur		JRE OF INJURY IN ITEM 18	3 PART 1 OR PA		
	DIC		OCCURRED	21a. PLACE O	FINJURY (ATH	OME. 21f LC	CATION					
	ME		NOT WHILE	street, Facto	ORY, FARM, ETC.)	Ra	ilroad Ave	enue, Pi	ttsville	, Wic	omico	Co.MD STATE
		22a. I cer	tify that I took charg	e of the remains desc	ribed obove, he	d an Autor	osy XX Inspec	ction .	Inquiry , o	and in my a	pinion	
		death resu	Ited from: Notu	di opses .	Accident,	Suicide		XX Undeterm	nined monner			
		ACTUAL SIGNATURI	dt	Din	ai	8	TITLE (SPECIFY)		AL EXAMINER	DATE	50	2/8/80
34	_	EXAMINER'	S NAME HO	ormez R.Gu	ard, M.	D.			Street Ba			
-	23a.B		ATION, REMOVAL	3b DATE		OF CEMETERY O	OR CREMATORY	23d. LOCA	ATION	COL	INTY	STATE
		Buria		2/10/80	Coor	er Fan	nily Cem	etery-	Willard	ls. Wi	Com	Lco. M
	24 FI	JNERAL DIRE	CTOR DO	JORGA.	1		25a. DA	F P P RY	GISTRAR 256. REC	LENGANS	SIGNATUR	Bready
A.	-	MIN	Whale	1 1.01.	1101/6	1111		FULU	1000	1		7

	0.40		
		(
27.5			
	- 4 - 1 -	L # 1 2 2 1 0 C	
	C 11 (
entropelaceth , eather mile	comments of the		
	r		
	nae L		

FOR

- STATE

BALTIMORE CITY OR COUNTY OF DEATH Wicomico 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 114 Maddox Blvd LAST APPROXIMATE INTERVAL CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 70h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [TIE HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 COUNTY STATE , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22c. DATE SIGNED 24 FUNERAL DIRECTOR 250. MATE CO. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

26 HOUR

HOURS

IF UNDER I YEAR

MONTHS DAYS

Salitabusy all the condition Date of the Control o 理能是如何是137以以上二十二年,一年

	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES 0 5 5 0 0
, 1	- STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
1. DE	PECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOURS
1 15	FORMS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HBS MONTH DAY YEAR 85 YRS ARACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HBS MONTHS DAYS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
10. (WIDOWED DIVORCED WIC. MI CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
USI	UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130	STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS YES NO 17 Her ten St
80	FATHER'S NAME FIRST MIDDLE LAST LAST FOR THER'S MAIDEN NAME FIRST FOR THE PROBLEM OF THE PR
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-240208 MIN CLEAN TO CLEA
	18 CAUSE OF DEATH Enter only one cause per line for Ial, 161, and 16 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause Ial, stating the underlying cause lost OUE TO, OR AS A CONSEQUENCE OF Constant of the underlying cause lost OUE TO, OR AS A CONSEQUENCE OF Constant of the underlying cause lost OUE TO, OR AS A CONSEQUENCE OF CONSEQUEN
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
CERTIFICATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 100 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TO NOT
/	21g. ACCIDENT WAS UNDERLYING
MEDICAL	216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
W	220.1 certify that (1) (this haspital) attended the deceased from 1975, to 1975, to 1975, that (1) (we) los saw the deceased above (1) (we) (did (did not) view the body after death, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above (1) (we) (did (did not) view the body after death,
	276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHY
IMPORTANT: #	
230	BURIAL, GREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE TO S

Will all Committee and the The Print Charles and the District Control of the C

me,

ramptom-Hawkins Funeral H.

216 M. Main St.

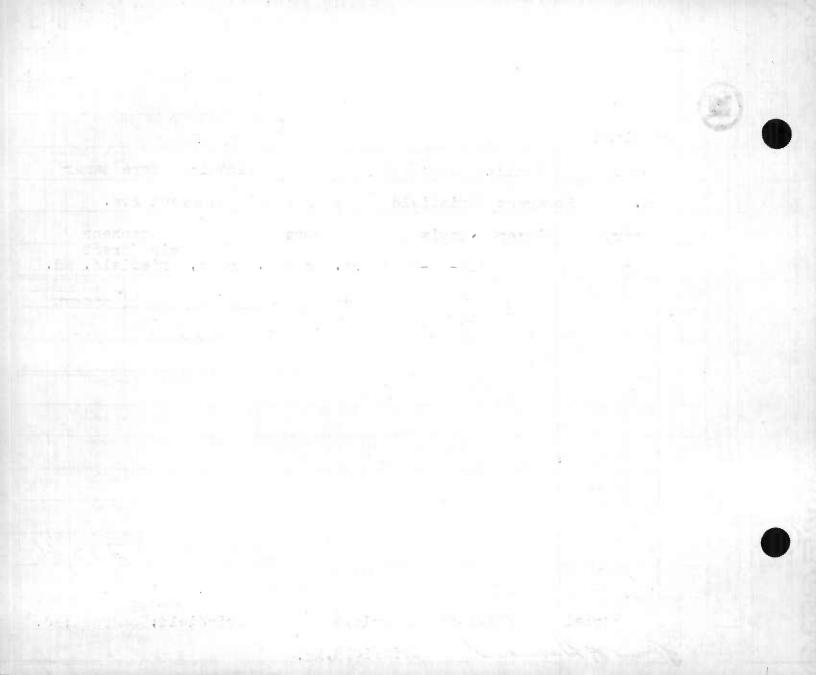
(VR A 15 (4))

Cold Die 188 years to be	
	marked by the control of the first the con-
rogs .Ext.geoglias passoct.	

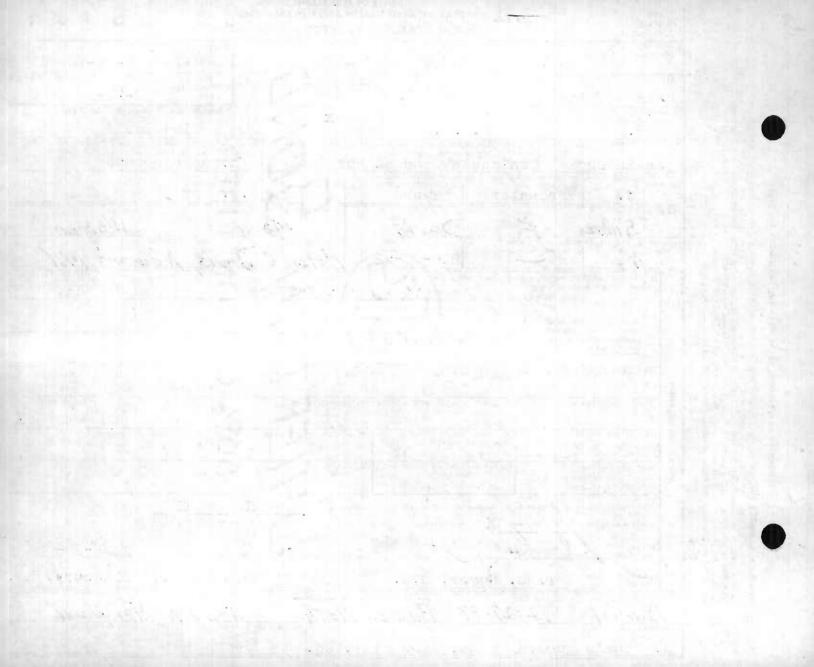
	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF I	ICATE OF D		REG	. NO.	3 3	0 4
6	1. DEC	EASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(DA)		MARGIE	, H.		DAYL	S		03	24 80	11:05 PM
Carried States	3 SEX		RACE	5 DATE (OF BIRTH	YEAR	6. AGE (IN YEARS LAST	BIRTHDAY	MONTHS DAY	
rection of the contract of the	F	emale	White	0	18	98	8'2	YR:		
th. P.	Ja BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	MARRIE	D NEVER	MARRIED -	9 BALTIMORE CIT	Y OR COUN	ITY OF DEATH	
deo deo	IN CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOWI		VORCED	Wicos		10) MAID	MD.
offer d will	Q	Y CK TOWN OF DEATH	RIPHOT IN SUCH FACILITY, GIV	/E STREET ADDRESS)	OK OTHER INST	HUHON	(TYPE OF WOL FOR WO		GLIFE) INDUSTR	
in by the filed	USUTA	A LISOUR LI RESIDENCE (IF NURSINCHOME O			50		Floor	Lady	Reta	<u>iil Stor</u>
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file in hand Mental Hygiene prior to burial, cremation, or removal are discipled by the medical examiner myst be not arked or Item 18 shows any injury, or ather traumatic event, the medical examiner myst be not are according to the control of the control	13a ST	MD. Wid		RIOWN	13d INSIDE C	NO 🗌		sebev	ryiAve	10 . c. 10.
with with ad 2 s	14 FAT	HER'S NAME		LST U	15. MOTHER'S	S MAIDEN NA			. 10	IAST
maker with the complete with the complete comple	14 114	A. LE	E ELL			MARY	S -	DRESS 4	MRK	THE
MORE e execu	160 W/		/E WAR OR DATES)	L SECURITY NO.	17 INFORMA			(son)	
LTIM To the man of the	-	NO	·	10-6075	MrW	endel	l L. Dav	is s	same as	
, BAL		PART I, DEATH WAS CAUSE	ED BY:	1b', and ic'	- P.	0.00	, ,		BETWEE	NONSET AND DEATH
certification of the control of the		IMMEDIA	TE CAUSE (a)	ral.	Me	moo:	all			
seth tendi		Canditions, if any, which	DUE TO, OR AS A CON	NSEQUENCEOF	Red	Ti.co	clarosi			
PRE de de contra		gave rise to immediate cause ial, stating the	(6)	- Contact	Cocy	182003		7		
ol W. I		underlying cause last	DUE TO, OR AS A COM	NSEQUENCE OF						
ned plec		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	DIDITION	GIVEN IN PART	l(a)
RDS r sig Ther r to b	CERTIFICATION	Procemono	a with	- Her	20 Feus	ion	due to	Boc	know	ia
ECO low r prio prio	CAT	90 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERAT	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF	YES, WERE FINE	INGS USED
TAL R	F				11.000		YES NO	I	YES 🗌	NO 🗌
DF VITA Displayion Trificate Altronsit To Hygi		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM	18. PART 1 OR PART 2	
SION OF VII. PHYSICIAN. This certifical this certifical this de buriol-front d Americal Hy d or them 18	& L	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19	111 100171	142				
PHY tendir this the bu		WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATIO	JN .	CITY OR	NWOT	COUNTY	STATE
DIVISI DING P or offer fl e os the olithono	l h	AT WORK — AT WORK —		11/10	0.26	79	20	24	10 80	
TEND tolo OR. OR. F Hee	1	220 I certify that the this hasp saw the deceased alive ar	1011 111	6/3/3		(aur) apinian	death accurred an the	date and l		, that (we) last
OR ATTORNEY DIRECT OR ATTORNEY		abave, (5/we) (did) (did -	view the bady after death		DEGREE					TE SIGNED /
		Miseria	a C L	feel &	MANA	ATTENDING PHYSICIAN [TAFF SICIAN [2	125/80
HOSPITAL med by th FUNERAL uid be deto on the State		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	A	22e_ADDRES		DIRECTOR) /	01	1 1
TO HOSPITAL retoined by the should be det with the Stole With MAPORTANT:		THomas	C. Hill =	JR. V	Vin.	e B	luff K	001	Solis	ibusy Md
7 P P P P P P P P P P P P P P P P P P P	230. BU	JRIAL, CREMATION, REMOVAL	100000000000000000000000000000000000000	23c NAME OF C			238 LOCATION CITY OR TOWN		COUNTY	STATE
BP		Burial	2/27/80	Parso	ns Cem	etery	Salisb		Wic.,	Marylan
DHMH - 16 50M 1/76 (VR A 15 (4))		neral director 1 ⁿ 1 ^{me} oway Funer	al Home, 53	alisbur:	y, Md.	FEE	e REC'D. BY REGISTR 2 9 1980	AR 25h RE	trey 10	Crealy

"MARGIE, E DAYAS LOGAR SOMESP The state of the s the second of second at 1975 THE BY SELECTION TO BE SEED AS

	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF	FE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 D	0	5 3	0 3
		CEASED NAME FIRST OR PRINT)	MIDDLE		LAST	2e. DATE OF DEATH	MONTH DAY	YEAR	25. HOUR
			llie H.	DAVIS			-24-80		2:00 F
Long	3 SE)		4 RACE	MON	OF BIRTH	& AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
		F	W		12-28-89	90	YRS.		
35	M	RTHPLACE (STATE OR FOREIGN DUNTRY) aryland	U.S.	MARRII WIDOW	ED NEVER MARRIED	Wicomic			
motified (_	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES Salisbury Nurs	TREET ADDRESS)		12. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Clothing	F WORKING LIFE)	INDUSTRY	F BUSINESS O
adsspe	13e S	AL RESIDENCE (IF NUISING HOME OF TATE NOT COU	R OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION		134. STREET ADDRESS	set Av	/e •	
O Cominer	14 FA	THER'S NAME	inter Davi		IS MOTHER'S MAIDEN NAME NOTA	WE	Ster	phen's	T
		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO	17 INFORMANT Mrs. John P		min St	treet	
or other troumatic event, the		PART 1. DEATH WAS CAUSE	DUE TO, OR AS A CONS	equenciof	thrombos,	is sclerosis		Ja y	MAJE INTERVAL CHAPT AND DEATH
ulury.	TION	Carcinome	111111111	00/0	1				
duo smous out	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATIO	ON WAS PERFORMED	YES NO	206. IF YES, W IN CERTIFYIN YES [G CAUSES	OF DEATH?
Hem 18 s		218 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	OR PART 2)	
rked or h	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
21 is mo		220.1 certify that II (this hasp saw the decement alive ar	ital) attended the deceased fr	-87)	ind that in (my) (aur) apinion of	to	19. ote and hour or	-	that (I) (we) la couses stated
IMPORTANT: If hem		276 SKENATURE	fellely	- 0	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA DIRECTOR PHYSIC	FF CIAN [221 DATE	SIGNED S
MPORTANT		DR. EARL M. BE	ARDSLEY		RT.50& CIVIC				-
1	23e B	urial, cremation, removal Burial	23b. DATE 2/26/1980		cemetery or crematory ridge FF	RICrisfie	loutel.	nerse	t; Md.
16 20M 4) 7/78	8	INFRAL DIRECTOR	and ADDRES	5	field.Md	E REC'D' BY REGISTRAR	25h REGISTRAI	R'S SIGNAM	BRE



	1-	FOR STATE			PARTMENT OF		ENTAL HYGIE	AL U	0 5	504
W Ø . `		REGISTRAR CEASED NAME PE OR PRINT)	WILLI.	۸	AIDDLE DWARD	DAVIS	CATE OF DE	REG. 26 DATE KNOWN OF ESTI- DEATH MATED		YEAR 75. HO
PIEASE DIFFCTOR. THES. PIEET,	3 SE	ale	RACE White	5. DATE OF BIRTH	YEAR 6. AGE (IN YE. LAST BIRTHD) 76 YE	RS IF UNDER 1 YR.	IF UNDER 24 HRS		MONTH 0.	AY YEAR 2d. H
THE PARTY OF THE P		IRTHPLACE (5T OREIGN COUNTRY) Md.		76. CITIZEN OF WHA	· A .	MARRIED X NE	EVER MARRIED DIVORCED	11 20 00 1	nico	FDEATH
SE PAGE	7	Salisb	ury /			l Hospit	FC	SUAL OCCUPATION (PR MOST OF WORKING LIFE) house cal		OR INDUSTRY
SHOULD BE SHOULD	130. 3	Md.	113b. COUNT		Newark	13d INSIDE	но № Р.	O. Box 50	ó	
GES 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		ATHER'S NAME	hey	MIDDLE	Davis		FIRST MAIDEN NAM	MIDDLE	Wa	LAST PPEN
., BALTIMORE, MD URS AFTER DEATH 18. GIVE PAGES 1, WITH FORM PM II. PAGES 1 VAND 2 DIVISION OF VITA	100	YES, NO. OF UNANOT		AR OR DATES)	218-05-4	1 1	en C. D	avis No	ewark	Mul-
HIN 24 HOUR HIN 24 HOUR IN ITEM 18. R ALONG W ISIT PERMIT. F HYGIENE, DI		PART I DE	T DEATH (Enter only ATH WAS CAUSED IMMEDIATE	CAUSE (o) CO.	ngestive		ailure			APPROXIMATE INTERV. ETWEEN ONSET AND DE
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1; RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. E. 3 SHOULD BE USED AS A BURBALT-RANSIT PERMIT. PAGES 1 JAND 2 E. DEPRATMENT OF HEALTH AND MENTAH HYGIENE, DIVISION OF VITAL PRIORTO BURBAL, CREMATION, OR REMOVAL.		gave risc cause (o)	s, if any, which e ta immediate stating the <u>under</u> -	(b)	A CONSEQUENCE (Contract of the Contract of th			
ECORDS, 301 DE EXECUTE ENDING" IN PROPICAL EX AS A BURIAL ALTH AND MI EMATION, OR	,	PART 2 OTHER SIG		(c)BUT	NOT RELATED TO THE TERM	NAL DISEASE DR CONDITIO	ON GIVEN IN PART 1 (a).			
HALLE BE EXIMED TO THE WORLD BE EXIMED TO THE WEDING CHIEF MEDING TO THE	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	19b. CONDITIO	N FOR WHICH OPER	ATION WAS PERFOR	RMED?		20	D. AUTOPSY?
CERTIFICATE SHO TING THE WORD DED TO THE CHI 3 S SHOULD BE US PRIOR TO BURIAL.	CAL CERT	UNDERLYING	CAUSE WAS OR IG CAUSE OF DE		JURY MONTH DAY YEAR	21c. HOW INJURY	Y OCCURRED (ENTE	R NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	YES NO
JOVISIC JATE, WRITING FORWARDED T OR: PAGE 3 SH HE STATE DEPA HD, 21201 PRIOR	MEDIC	21d. INJURY O WHILE AT WORK		21e. PLACE OF STREET, FACTOR	INJURY (AT HOME.	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STA
MEDICAL EXAMINER: TI ECUIE THE CERTIFICATE, GE 4 SHOULD BE FORM, THURRAL DIRECTOR: P. P. TER DEATH, WITH THE SIZ- LITMORE, MARYLAND, 212		22a. I certifi death resulte ACTUAL SIGNATURE	17	af the remains descril			SPECIFY)	Inquiry X,	and in my apinion	-26-80
TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT BALLIMORE.		EXAMINER'S N (TYPE OR PRIN	THEFT I	L. Roye		ADDRESS_	409 Cam	den Ave.		
Bb———BAFITO		UNIAL CREMAT	ION, REMOVAL 231		1 BOWE	HETERY ON ENERGY	7.	VEWORK,	Mary GISTRAR'S SIGN	SMI
DHMH - 17 (VR A15 ME (5)) 30M 7/73	N	NAME		ral Home	, Snow H	ill. Md.	250. DATE REC'D.	B 2 9 158U	WALL OF THE PARTY	yin Cread



ent.	Meanurity 2, 1990	Archid II sill bu	
		× 93	
		gradual later) a Papal)	
Taries .	A committee of the committee of	t'man	
	are leant in	2 14 18 11 28 11 28 11 28 11 28	

5	1-	FOR STATE REGISTRAR			DEPARTI	MENT OF	EALTH AI	ND MENT	AL HYGIEN	NE ()	REG. NO	5	5 0	6
· M		EASED NAME OR PRINT)	Richs	ard	Jame	S	Dicke	erson		20. DATE KI OF DEATH A	NOWN A		-80 YEAR	12:53
SSARY, PLEA FRAL DIRE R YOUR THIN 72 ESTON STE	3. SEX	Male	Mhite	S DATE OF BIL	AY YEAR	6 AGE (IN YEAL LAST BIRTHDA	RS IF UNDER	DAYS HOU	NDER 24 HRS.	2c. DATE PRONOUNC DEAD	ED 2-	-1-8C	DAY YEAR	2d. HOUR
5 5 5 5 5 4 4 CO	FO	REIGN COUNTRY)	WARE	76. CITIZEN OF	SA		1	NEVER A	AARRIED		comic	_	Y OF DEATH	MD.
ELAY IS P TO THE P PAGE BE FILED, S, 301 W		or town Sharp	town	(IF NOT IN SU	HOSPITAL, NUI CH FACILITY, GIVE S' LN St.	TREET ADDRESS)		NSTITUTION	FOR	MOST OF WORKIN	NG LIFE)		RADO	USINESS TRY
212D1 2. ANY DELAY IS N 2. AND 3 TO THE FI 3. AND BE FILED. 3. RETORN PAGE 5 5. SHOULD BE FILED. 4. RECORDS. 301 W.	USUA 130. S	RESIDENCE Md.	(IF IN NURSING HOME OF 13b, COUN'	r OTHER INSTITUTION TY	N, GIVE RESIDENCE 13c. CITY Sha	BEFORE ADMISSION OR TOWN	13d.	INSIDE CITY LIM	1175? 13e ST	REET ADDRESS	št.			
ORE, MD. 2 RR DEATH. I AGES 1, 2, RRM PM 3, 1 AND 2 S I OKNIAL		THER'S NAMI	UNK	Now.	1	LAST			UNL,	NOWK			LAST	
BALTIMORE, JURS AFTER DE. 8. GIVE PAGES WITH FORM T. PAGES 1 AN DIVISION OR	16a. W	AS DECEASE S, NO, OF UJAKNO	D EVER IN U.S. ARA	WED FORCES? WAR OR DATES)		-03-2	a	INFORMANT LETTIE	R. 4	DICKER	SON	Su	ARPTOU	wills.
DIVISION OF VITAL RECORDS, 3D1 W. PRESTON ST., BALTIMORE, MD. 21201 CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITHOG THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND PEDE TO THE CHIEF MEDICAL EXAMINER ADDIG WITH FORM PM 3. REIN E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOUL E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OKWITAL RECOPENIOR TO BURIAL, CREMATION, OR REMOVAL.		PART I DI	ins, if any, which ise to immediate) stating the under-	D BY: TE CAUSE (a) DUE TO	D. 33	et Wo)F	f Bra	in				APPROXIMA BETWEEN ONS SUGO	TE INTERVAL SET AND DEATH
I'AI RECORDS, 3D HOULD BE EXECU TO "PENDING" IN HIEF MEDING" IN SED AS A BURI OF HEALTH AND AL, CREMATION, C	ICATION		GNIFICANT CONDITIONS		EATH BUT NOT RELA								20. AUTOPS	1?
VISION OF VITAL CERTIFICATE SHO TING THE WORD SED TO THE CHIE 3 SHOULD BE US DEPARTMENT OF PRIOR TO BURIAL,	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTI	AL CAUSE WAS G OR NG CAUSE OF D	EAT 2:5		-040	Gun	disc	urred tenter				YES Clean	no 🔼
DIVISIO DIVISIO ATE, WRITING FORWARDED T OR: PAGE 3 SH HE STATE DEPAI DIVISION PRIOR	MED	WHILE AT WORK		STREET	CE OF INJURY FACTORY, FARM, E M NOM	TC)	Main	St.,	Shar	p town	, Wic	comî	co, Md	STATE
TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR FINE STATE BALTIMORE, MARYLAND, 21201 P		death result ACTUAL SIGNATURE	and.	ol causes R	Accident	X, Sui	Autapsy (Hamicide L	FY)	Inquiry Control of termined mon	ner ,	DATE SIGNED	2-1-	
TO MED EXECUTI PAGE 4 TO FUN AFTER D BALTIMO	230. BI		NAME Ear			MAME OF CEM		DRESS		OCATION	J., S	COUN	sbury,	FIU.
BP DHMH - 17 (VR A15 ME (5)) 30M 7/73	24. FU	INERAL DIRECTION OF THE CONTROL OF T	tion h Funer	al Home	Press Ber	lin,	Md.	25a. D	DATE REC'D. B	LUKEL	25b. REGHS	STRAR'S SI	X DE	2.

me ne salesimmo monnetesent men e manual to the second of the AND THE RESERVE OF THE PARTY OF ., .

FOR

- STATE

12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! IMDUS TRY APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Skeletal Motastases 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE ___, and that in (my) (aur) apinion death accurred an the date and haur and from the couses stated 22c DATE SIGNED DIRECTOR PHYSICIAN 28. DATE REC'D. BY REGISTRAR 25B. REGISTRAR'S SK NATHRE 24 FUNERAL DIRECTOR DHMH-16 25M 1980 (VRA 15, 4) 1/79

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2h. HOUR

IF LINDER 24 HPS

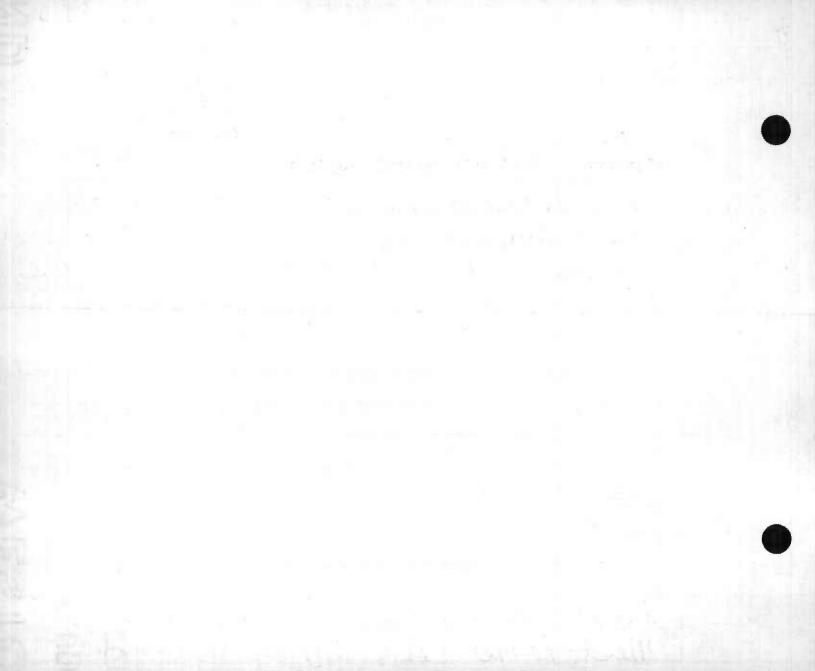
IF UNDER I YEAR

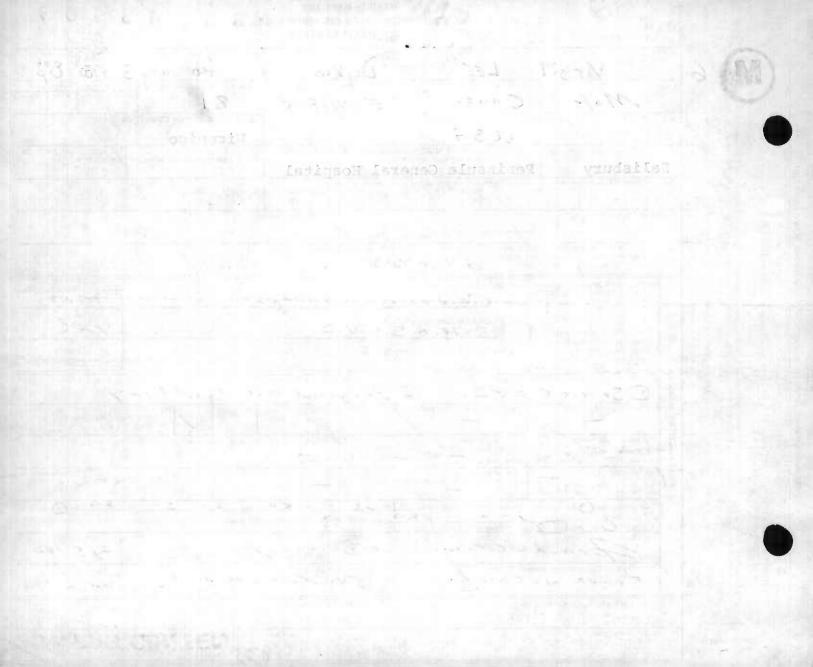
CAYS

William Famous Commencer Male Chansin, dig 23 1915 64 Salisbury Conjugate Constant Resulted Angeline Md. Worder Beilin x Browlsted HT, Box 393 William H. Donaway Charity Belle Wilson No 212-16-1551 Mrs Bertham Donaway Kt Ber Bertha Md. THE PERSON NAMED IN Bernal 3/1/80 Riverside Concrety Fring RD West Plats

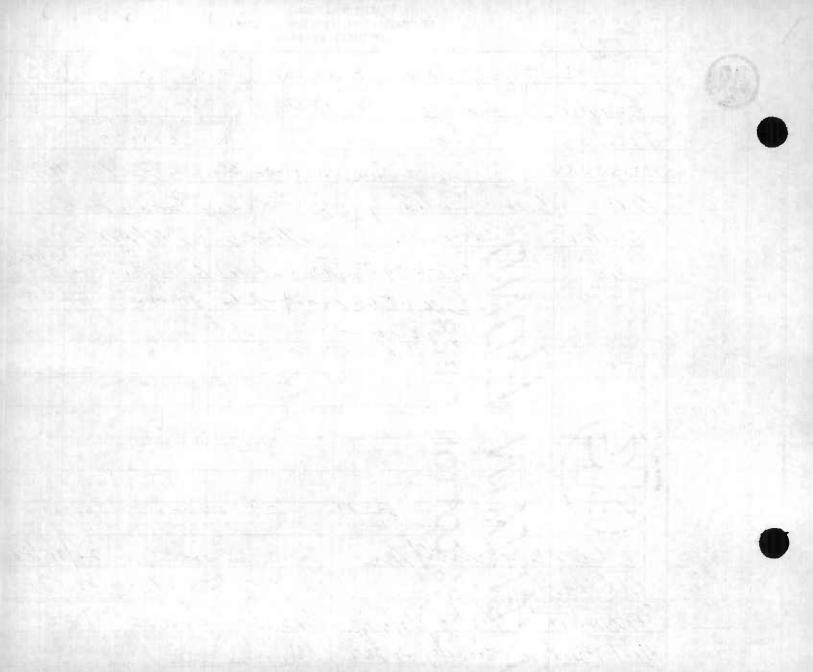
FOR

(VRA 15, 4) 7/78





FOR		TATE OF MARYLAND OF HEALTH AND MENTAL HY	GINE O O	5 5 1 0
- STATE REGISTRAR	CER	RTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST (TYPE OR PRINT)	-HER Shiring	EARLY	20. DATE OF DEATH MON	1.36
3 SEX	4 RACE S. DA	ATE OF BIRTH ACHIE THE ACHIE T	6. AGE (IN YEARS LAST BIRTHDAY	YRS. IF UNDER 1 YEAR IF UNDER 24 HR
70 BIRTHPLACE (STATE OR FOREIGN	// 4	RRIED NEVER MARRIED	BALTIMORE CITY OR CO	OUNTY OF DEATH
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	11	12a USUM OCCUPATION (TYPEOGWORK FOR MOST OF WO	126 KIND OF BUSINESS C
11/07-1-	ROTHER INSTITUTION GIVE RESIDENCE BYFORE ADMISS	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	a Dans
TA FATHER 5 MAME FIRST	MIDDLE D LAST	YES NO I	AME MIDDLE J	Van dast
16a WAS DECEASED EVER IN U.S. AR (YES, NO OR UNINOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECURITY NEWAR OR DATES)	O. 17 INFORMANT	ADDRESS FM FAPI	Jager Fredsen
	DUE TO, OR AS A CONSEQUENCE CONTRIBUTING TO DEATH		The Brown	
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPER	ation was performed	YES NO	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\square\) NO \(\square\)
	HOUR A.M. MONTH DAY YE		RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART) OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a.1 certify that (1) (this hosp sow the deceased alive or	(tol.) ottended the deceosed from 19	ond that in (my) (aur) apinion	7 to 03-1	t, 19, that (I) (we) lo
17h SIGNATURE	Arhill M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2 /1//82
THE EMYSICIAN'S NAME (1999)	hell.	POB 237	8 Salista	ury, my 2/8
234 SHEAL CREMATION REMOVA	111 SATY /2/80 July	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR IDWN	COUNTY DE STATE
HINT BALL	- Bounds Son	sers MO EI	TE BEC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE



NAME

(VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE naiman 37 Selimburg Pendraula Caronal Tourited STATE OF THE PROPERTY OF THE P TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, retained by the hospital or attending physician.

Page 4 may be

	FOR STATE REGISTRAR			DEPARTI		LTH AND MENTAL HY	GIENE O REG. N	0	5 5	1 2
	DECEASED NAME	FIRST	MI	DDLE	LAST		20 DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
30		CAREY	W	1.	EV	aNS	Februar	4 6	0,1980	53
3	SEX		4 RACE		5 DATE OF E		& AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24
	Male		White		Feb.	3, 1912	68	YRS	MONTHS DATS	HOURS
3	e. BIRTHPLACE (STATEOR COUNTRY) Maryla		TO CITIZEN OF W	HAT COUNTRY?	MARRIED C	NEVER MARRIED	BALTIMORE CITY C		Y OF DEATH	
0	Salisbury	1.0	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET ULA Gen	NG HOME OR (Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Waterman	ION	12h KIND C INDUSTRY Seafo	
35	USUAL RESIDENCE (IP NU 130 STATE Maryland	136 COUN	OTHER INSTITUTION, G	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Crisfie	E ADMISSION)	I INSIDE CITY LIMITS?	130. STREET ADDRESS 309 Cov	ve St.		
1	4 FATHER'S NAME				15	MOTHER'S MAIDEN NA	AME			
1	Grover		veland	Evans		Martha	Jane		Rigg	
1	WAS DECEASED EVE			ISS SOCIAL SECU	RITY NO 17	INFORMANT	ADDR	ESS	- 50	
1	(YES, NO OR UNKNOWN)	non	WAR OR DATES)	212-12-	3539	Helen C. Ev	ans Same a	as 13	a, b, c, d	l,e
=	I CAUSE OF DEA	TH (Enter on	ly one cause per li				4 14 22			MATE INTER
	PART I. DEATH	WAS CAUSE	E CAUSE (o)	10.	1	2000	0.10.4	7	46	
	Conditions, if on gave rise to in couse to state	nmediate	(b)	AS A CONSEQUE	o - Jak	Ed Carl	Les Vas D.	ue_	The	
	gave rise to in couse (a), state underlying cause	nmediate ting the se last.	(b)	AS A CONSEQUE	ENCE OF		MINAL DISEASE OR CON	IDITION GI	Gre VEN IN PART III	01
9	gave rise to in couse (a), state underlying cause	mmediate ting the se last.	DUE TO, OR (c) ONDITIONS CON	AS A CONSEQUI	ENCE OF DEATH BUT NO		VINAL DISEASE OR CON	20b. IF YE	VEN IN PART II	NGS USE
9	PART 2 OTHER SIG	nmediate ting the se lost. GNIFICANT C	DUE TO, OR (c) ONDITIONS COP 196 CONDIT	AS A CONSEQUI	DEATH BUT NO	OT RELATED TO THE TER/	VINAL DISEASE OR CON	20b. IF YE IN CERT Y	ES, WERE FINDING CAUSES	NGS USE
1 .11	PART 2 OTHER SIG	nmediate ting the se last. GNIFICANT C ATION NDERLYING CAUSE OF DEA	DUE TO, OR (c) ONDITIONS COP 1% CONDIT	AS A CONSEQUI	ENCE OF DEATH BUT NO OPERATION V	OT RELATED TO THE TER/	200 AUTOPSY? YES NO	20b. IF YE IN CERT Y	ES, WERE FINDING CAUSES	NGS USE
1 .1	PART 2 OTHER SIG	mmediate ting the se lost. GNIFICANT C ATION NDERLYING CAUSE OF DEA HICAL EXAMINER)	ONDITIONS COL	AS A CONSEQUI	DEATH BUT NO OPERATION V AY YEAR 19 2	OT RELATED TO THE TER/	200 AUTOPSY? YES NO	28b. IF YE IN CERT Y JRY IN ITEM 18,	ES, WERE FINDING CAUSES	NGS USE OF DEA' NO
1 .11	PART 2 OTHER SIG	MERLYING ATION NDERLYING ALCAL EXAMINER) WHILE VORK	ONDITIONS COL	AS A CONSEQUION TRIBUTING TO INTRIBUTING TO INTRIBU	DEATH BUT NO OPERATION V AY YEAR 19 2	OT RELATED TO THE TERM WAS PERFORMED TO HOW INJURY OCCUM	200 AUTOPSY? YES NO	28b. IF YE IN CERT Y JRY IN ITEM 18,	ES, WERE FINDING CAUSES (ES	NGS USE S OF DEA NO [
1 .1	GOVE rise to in couse to, stot underlying couse to, stot underlying couse to the co	INDERLYING CAUSE OF DEA CAUS	DUE TO, OR (c) ONDITIONS COT 196 CONDIT 216 TIME OF HOUR A.M P.M 21e PLACE O (AT HOME, STREE	AS A CONSEQUIDATE INJURY INJURY MONTH D. FINJURY FINJURY FINJURY GENERAL OFFICE. I	DEATH BUT NO OPERATION V AY YEAR 19 FARM, ETC.)	OT RELATED TO THE TER/ WAS PERFORMED TO HOW INJURY OCCUM TO LOCATION STREET	200 AUTOPSY? YES NO	28b. IF YE IN CERT Y JRY IN ITEM 18.	ES, WERE FINDING CAUSES (ES	NGS USE 6 OF DEA NO [
/ .//	GOVE rise to in couse to, stot underlying couse to, stot underlying couse to the co	INDERLYING CAUSE OF DEA CAUS	ONDITIONS COL	AS A CONSEQUIDATE INJURY INJURY MONTH D. FINJURY FINJURY FINJURY GENERAL OFFICE. I	DEATH BUT NO OPERATION V AY YEAR 19 FARM, ETC.) and t	OT RELATED TO THE TERY WAS PERFORMED TE HOW INJURY OCCUP II LOCATION STREET STREET ATTENDING	280 AUTOPSY? YES NO CITY OR TO TO MEDICAL STA	286. IF YE IN CERT Y JRY IN ITEM 18.	ES, WERE FINDING CAUSES (ES	NGS USE S OF DEA' NO [
1 .1	GOVE rise to in couse 101, stot underlying couse 101, and couse 10	MINING AT ION AT ION NDERLYING CAUSE OF DEA IICAL EXAMINER) RRED WHILE CORK I) (this hospit	DUE TO, OR (c) ONDITIONS COP 19b CONDIT 21b TIME OF HOUR A.M P.M 21e PLACE O (AT HOME, STREE (a)) oftended the	AS A CONSEQUIDATE INJURY INJURY MONTH D. FINJURY FINJURY FINJURY GENERAL OFFICE. I	OPERATION V AY YEAR 19 FARM, ETC.) Z	OT RELATED TO THE TERY WAS PERFORMED It HOW INJURY OCCUP II LOCATION STREET ATTENDING PHYSICIAN 20 ADDRESS	280 AUTOPSY? YES NO RRED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the d MEDICAL STA DIRECTOR PHYSH	20b. IF YE IN CERT Y URY IN ITEM 18, WN lote and ho	COUNTY 19 CAUSES COUNTY 22c. DATE	NGS USES OF DEAN NO [
1 .11	Gove rise to in couse (a), stot underlying cous PART 2 OTHER SIG 190. DATE OF OPER, 210. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER, NOTHY MED AT WORK AT WORK AT WORK 270. I ceptify that (30w the decea obave, (I) (we) 22b. SIGNATURE	MINING AT ION AT ION NDERLYING CAUSE OF DEA IICAL EXAMINER) RRED WHILE CORK I) (this hospit	DUE TO, OR (c) ONDITIONS COP 19b CONDIT 21b TIME OF HOUR A.M P.M 21e PLACE O (AT HOME, STREE (a)) oftended the	AS A CONSEQUIDATE INJURY INJURY MONTH D. FINJURY FINJURY FINJURY GENERAL OFFICE. I	OPERATION V AY YEAR 19 FARM, ETC.) Z	OT RELATED TO THE TERY WAS PERFORMED TO HOW INJURY OCCUP II LOCATION STREET That in (my) (our) opinion GREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT OF TO	20b. IF YE IN CERT Y URY IN ITEM 18, WN lote and ho	ES, WERE FINDING CAUSES (ES) PART I OR PART 2) COUNTY Jun and from the	NGS USES OF DEAT NO [
7	Gove rise to in couse (a), stot underlying cous PART 2 OTHER SIG 190. DATE OF OPER, 210. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER, NOTHY MED AT WORK AT WORK AT WORK 270. I ceptify that (30w the decea obave, (I) (we) 22b. SIGNATURE	MERLYING CAUSE OF DEA	DUE TO, OR (c) ONDITIONS COP 19b CONDIT 21b TIME OF HOUR A.M P.M 21e PLACE O (AT HOME, STREE (a)) oftended the	AS A CONSEQUION TRIBUTING TO THE PROPERTY OF T	OPERATION V AY YEAR 19 FARM, ETC.) NAME OF CEM	OT RELATED TO THE TERY WAS PERFORMED It HOW INJURY OCCUP II LOCATION STREET ATTENDING PHYSICIAN 20 ADDRESS	280 AUTOPSY? YES NO RRED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the d MEDICAL STA DIRECTOR PHYSH	20b. IF YE IN CERT Y JRY IN ITEM 18. WN Lote and ho	COUNTY 19 CAUSES COUNTY 22c. DATE	s that (I) (causes st SIGNED

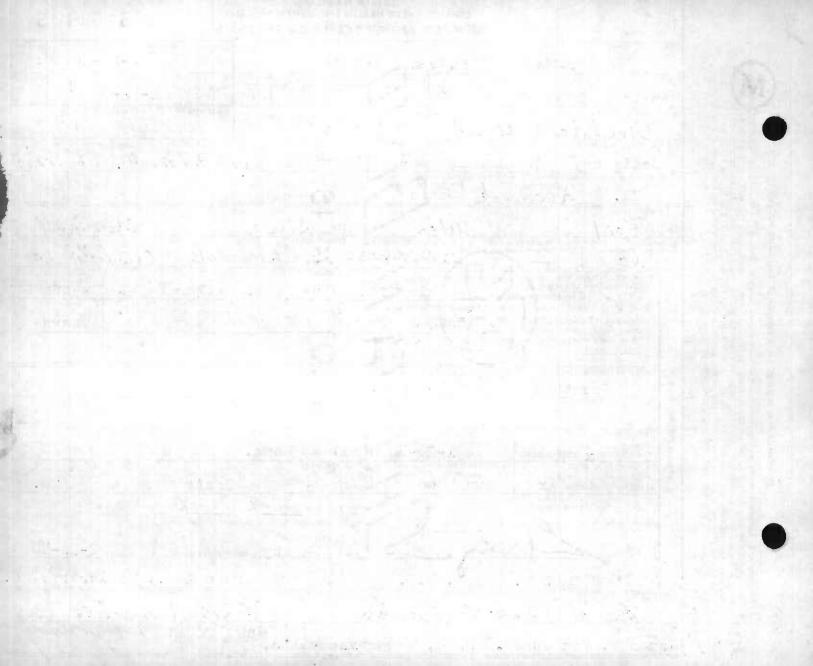
1 1 1 Salisbury Penin wile Congral Hospical Materian The strong for x biothers towns burleyed the found the course ALINE DE LA PRIME 0.10 10815 , a , went maline entroy ofth 815 . All telegraphs the threat the territorial Contracts and the ordinary a construction, and, states a relation

9	(2)	1.	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENES O	05513
	be be	1 DE (TYPE	CEASED NAME FIRST	26eth	EYMER	20. DATE OF DEATH FEBRU	MONTH DAY YEAR 2b, HOUR
	age 4 ma	3 SE	Female	White	S. DATE OF BIRTH	6. AGE IBLYEARS LAST BIR	THDAY # UNDER I YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN.
	in 72 lou miffed a		IRTHPLACE THE OR FOREIGN OUNTRY	1) CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	□ Wicomic	
201	n by the filled with	S	alisbury	Peninsula Ge	eneral Hospital	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST OF	12% KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120	thin 24 y filled in ould be	150	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BY 134. GTORT	YES NO	17H34	9
E, MARY	completel		John	E. Ey. M	15. MOTHER'S MAIDEN	ette "of	eupert m
BALTIMOR	rficate be exergician and copers. Pages 1 oval.		NAS DECEASED EVER IN U.S. ARI YES, NO OF UNKNOWN) IF YES, GIVE	war or dates 086	-01-0065 I	12 Lu605	BIVEIVED ONSET AND DEATH
201 W. PRESTON ST.,	aw requires that the death certifeen signed by the attending phy. Then please remove carbon pap or to burial, cremation, or remo	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE		Payt Burst	5 .
AL RECO	E has bermit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED	28€ AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sum \text{NO.} \(\sum \text{P} \)
DIVISION OF VITAL RECORDS,	S PHYSICIAN Jing physician. r this certificat burial-transit E d Mental Hygir	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF EITHER, NOTIFY MEDICAL EXAMINER	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	CURRED JENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
DIVISIO	IDING Patter that is a the built than and Numerical marked	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFI		CITY OR TO	WN COUNTY STATE
	AL OR ATTEN the hospital or a AL DIRECTOR trached for use a te Dept. of Hea IT: If Item 21 is		22a I certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	1-15-			ate and haur and from the causes stated
	E > Rota s		224 PHYSICIAN'S MAME ITYPE OF	wh Clay	ATTENDIN	G MEDICAL STA	FF 2-22-80
	TO HOSP retained by TO FUNE should be with the S	23a F	CLAMES SURIAL, CREMATION, REMOVAL	h. CHIFF			2 SALISBURY MO.
	BP	1	SPECIFY 34 7	2/24/80	S+Marx= Ce.	m' 7×25	SKIN COUNTY M. STATE 25h. REMISTRAR'S SIGNATURE
	DHMH-16 25M (VRA 15, 4) 1/79		HAME CHILD	ssup) os	1VALUE, MOSF	EB 2 5 1980	history Malredy

c I c c c c c c E11 28634 Salisbury Pendusula Conegal Hospital Ley 2/ SeleYat ME Wiegens BRidger X JA349 F. Exmer Lesette Neupert Johnson - 1081-01-0065 IDS INGERORIUS Michigan Commence of the Comment Carre - I'm made) strongs of Careeness are majored curves the willing the BUNGA 2/20/80 5+ Margo Cam TX doking the Eximisión Bratile Mestala Carente

Loss H. Fisher February 24, 1980 Male In 18 The State of the Sta Unliabute Pentrania Ceneral Bur ital , les bucher Callel Md The men Salistary v 40 2 20st Wife St Lester Willey Fisher Ina Had Dickman cles COURT 225-10-1279 Elvise Fisher Billisting The Burget Transport Lowers Con March Stand Account Land But He Tangleon could be the house

	STATE OF MARYLAND	
11	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE	5 1 5
1	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	4 4 4
	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN X	MONTH DAY YEAR 76. HC
,	EMMA Males FURNISS OF ESTI-	2-22-8,0 8:5
3. S	EX 14. RACE S. DATE OF BIRTH 16. AGE (IN YEARS IF UNDER 1 YR. I IF UNDER 24 HRS. 76. DATE	MONTH DAY YEAR 2d HO
F	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	22-80
_	RIPTHPLACE (STATE OR 176 CITYTEN OF WHAT COLINTRY?	19
	FOREIGN CQUINTRY]	
10.	CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE)	/
	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
LIS	Salisbury Peninsula General Hospital Quel Port Mon	ter U.S. Mall
130.	STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e STREET ADDRESS	
14,	FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE	A LAST,
	Neal Miles Alice	Marshall
160	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ADDRESS	1 40
	NO (1945, GIVE WAR OR DATES) 224-14-8252 Kensth Meustrall C	uspeld Mo
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PARTIDEATH WAS CAUSED BY: Chronic Congestive Heart Failure	years
	4292 (DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gave rise to immediate (b) ASCVD	years
	couse (a) stating the under-	
	lying cause last.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
Z		
MEDICAL CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
1 2		YES NO
Far	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. LENIER NATURE OF INJURY IN ITEM 18 P.	
1 2	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 1-29-80 Fell at home.	
1 2	21d INJURY OCCURRED 121e PLACE OF INJURY (ATHOME. 21f LOCATION	
N N	WHILE NOT WHILE STREET, FACTORY FARM, ETC.) AT WORK AT WORK OWN home STREET CITY OR TOWN SAXIS	COUNTY
		Va.
1	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection K., Inquiry K., and	in my apinian
X	death resulted from: Natural causes . Accident X, Suicide, Hamicide, Undetermined manner,	
	TITLE (SPECIFY)	
1	SIGNATURE M.D. Deputy MEDICAL EXAMINER	DATE SIGNED 2-26-80
	X	
1	(TYPE OR PRINT) Earl L. Royer, M.D. ADDRESS 409 Camden Ave.,	Salisbury, Mo
230	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION	chostst stelle
	Bureal 2-25-80 Furniss Sofis- Acc	mach Co. Va
24	FUNERAL DIRECTOR 250. DATE REGISTRAR 226. REGIS	28 1 2 1 1 Ma Creedy
J	ames N. Fox Funeral Home, Temperanceville, MAR 1 1 1980	

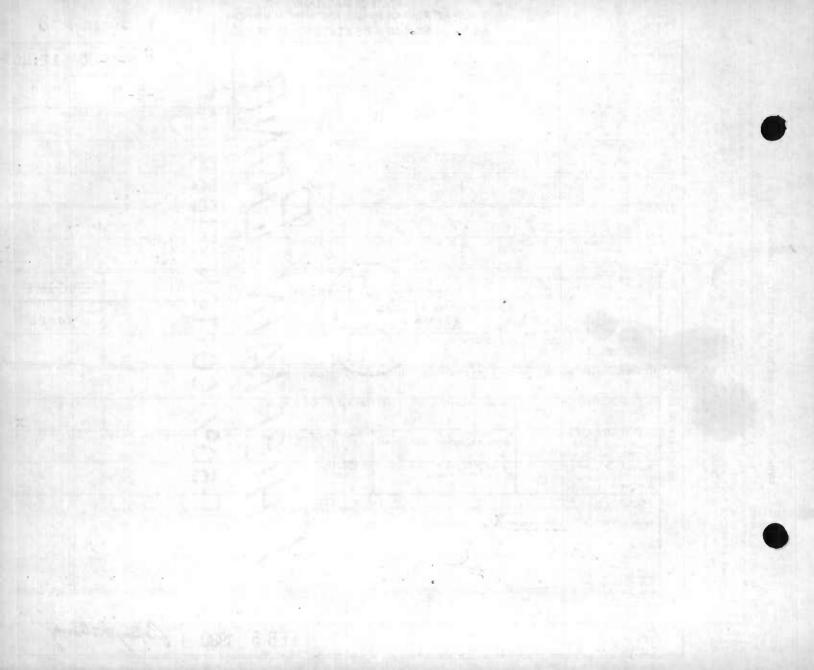


oper, or analysis			
	č\=\=\	Ves - u	Samuel
noines		13 10 11	Maryant
	reduced fire to	Iv	according to
	81 1 2 200	cela est many	Backgam.
	Level guident le con-	e de la company	
Mark Marke			
onter, the court of the	O haell atmosts		
Miles Calcate Daniel Mark		2-1-30	iik

Alla.		FOR	0000	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H	VOIENE R II	0 8 8	2 7
18	1.	STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	REG NO	0 3 3	1 /
5		CEASED NAME FIRST	MIDDLE F	LAST	2a DATE OF DEATH	MONTH DAY YEAR	26. HOUR 30
er deat	3. SE	× M-10	MACEN 1	S DATE OF BIRTH	AGE (IN YEARS LAST BIRT	HOAY) FUNDER I YEAR MONTHS DAYS	# UNDER 24 HRS HOURS MIN
irecto urs aft once.	12. 00	11-416	HH	1-127 -1903		YRS.	HOURS MRY
neral d		RTHPLACE STATE OF FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED [WIDOWED DIVORCED [Wicomic	R COUNTY OF DEATH	MD.
by the fued within		alisbury	11. NAME OF HOSPITAL, NUR INF NOT INSUCH FACILITY, GNE STE Peninsula (sing home or other institution get address) General Hospital	12 USUAL OCCUPATE		F BUSINESS OR
filled in I	USU.	AL RESIDENCE IN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION BE INSIDE CITY LIMITS?	13e STREET ADDRESS		1
2 sho	14 FA	Tohn	MIDDLE G3/5	15. MOTHER'S MAIDEN P	MIDDLE MIDDLE	Jtew 3	et le
ages 1		VAS DECEASED EVER IN U.S. AR YES, NO ODUNKNOÙ NI JIF YES, GWE	MED FORCES? 146 SOCIAL SE WAR OR DATES!	CURITY NO IL INFORMANT	76/2 GZ	le Jeste	-VINI
ysicia pers. loval. event		PART I DEATH WAS CAUSE	ly ane cause per line for (a), (b), D BY E CAUSE (a)	A 1 12 . IA A		BETWEEN C	MATE INTERVAL DINSET AND DEATH
ttending ph carbon pa ion, or rem traumatic		1550 Canditians, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF Hehataelly	la lancana	m A	
ed by the attentlesse remove car irial, cremation, iry, or other tra		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF		/ N.G.	
n sign to bu y inju	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110	
e has be ermit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [7]	IGS USED OF DEATH?
tral tree Item		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)	
th and Mer marked or	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
use as f Healt		22a L certify that (I) (this haspi saw the deceased alive on		m, 19, 19, 2, and that in (my) (aur) apini	, to		that (I) (we) last
HAL DIREC detached for tate Dept. of			t) view the body after death.	DEGREE ATTENDING	G MEDICAL STAI	FF 22c DATE	
should be detacted with the State		224. PHYSICIAN & NAME ITYPE O	A. GRASSO	PHYSICIAN	TH DIVIS	ION STREE	T 6/1
shour with	23a 1	BURIAL CREMATION, REMOVAL	III DATE (2)	NAME OF CEMETERY OR CREMATOR	23d. VOCATION	21101	/ date
Ρ		SPECIFIC BULLIZI	3/5/80	Flack Cem.	PATE REC'D. BY REGISTRAR	et ville 1	NIJ.
MH-16 25M A 15, 4) 1/79	14 1	NAME PRECIOR	scafe , MES	INANIO. NH	AR & 1980	Frifry Mal	ready

July Mileston Smilesture Femilianula Cararal Mingittal per- Televisia Valentina " I When Testerille x John - W. E-15-(534 Masta Bala Jaster VI) Burnal 3/2/21 Flack Book Desterulle, Mil The College of the State of the Man of 1988 . They hallowing

Ι,		OR			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE 1	0	100 0	0
		TATE		ME	DICAL EXAMIN	ER'S C	CERTIFICATE C	F DEATH	REG. NO.	3 3 1	Q
T.		EASED NAM	NE FIRST		MIDDLE		LAST	20 DATE KN	IOWN DO ME		EAR Zb. HOUR
	(11112	OK FRIITI)	MARCI	E L	EE G	ERMA	N	OF E	2011-	2-2-80,	12:401
3.	SEX		4 RACE	S DATE OF BIRTH	6. AGE (IN YE.	ARS IF UN	DER I YR. IF UNDER	24 HRS. 2c. DATE	MO		YEAR 2d. HOUR
E	e	nale	White	4/11/1	900 79 41	RS.	DAYS HOURS	DEAD	2-2-	-80	M M
1		THPLACE (S		76 CITIZEN OF WI	HAT COUNTRY?	8. MARR	IED NEVER MARR	IED - 9 BALTIMOR	E CITY OR CO	OUNTY OF DEAT	Н
	S	tockt	on, Md.	USA			ED K DIVORC		1ICO		MD.
10	CIT	Y OR TOWN	OF DEATH	LIF NOT IN SUCH FA	PITAL, NURSING HOME			12a USUAL OCCUPAT	ION (TYPE OF W	VORK 12b. KIND O	OF BUSINESS
		alisb		Penins	ula Gener		Hospital	Seamstr	'ess	Shir	rt Co.
13	SUA a. ST	. RESIDENCE ATE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GI	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e, STREET ADDRESS			
1	M	aryla	nd Wi	comico	Salisbur	У	YES NO	13e. STREET ADDRESS 843 Br	own S	t.	= 1111
7	4. FA	THER'S NAM		WIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME MIDD	LE	LAST	
1		John		ley	Gootee		Anna	Belle		Taylor	
ľ	YE:	AS DECEASE S, NO, OR UNKN	OWN) (IF YES, GIVE	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECURIT		17. INFORMANT	daughter) othy Ster	AF PRESS 40	6 Decat	ur Ave
L	n				214-10-9	075	Mrs. Dor	otny Ster	'ling,		
		18 CAUSE C	OF DEATH (Enter of	nly one couse per line DBY:		0 -	7			APPROX BETWEEN	MATE INTERVAL
		1/10	IMMEDIA	ATE CAUSE (o)	Coronary		Tuston			54	auch
ŀ		Condition	ns, if any, which		AS A CONSEQUENCE O	OF				V	ears
		gave r	ise to immediate	e / (b)						3	
		lying ca		DUE TO, OR	AS A CONSEQUENCE	OF.					
I		PART 2 OTHER S	IGNIFICANT CONDITIONS	(c)	BUT NOT RELATED TO THE TERM	IN AL CACE AC	CONCURSION CINEMAN IN BA	AV 1 11:			
1	Z		TOTAL CONTINUES	CONTRIBUTION TO OCKIN	BOT HOT RELATED TO THE TERM	INAL UISCAS	E OR CONDITION GIVEN IN PA	KI I (Q).			
1	Ĭ	19a. DATE OF	FOPERATION	196. CONDI	TION FOR WHICH OPER	ATION W	'AS PERFORMED?			20 AUTO	PSY?
	읦	100								YES	□ NO DX
1	MEDICAL CERTIFICATION		AL CAUSE WAS	216. TIME OF		21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1		
	M	UNDERLYING CONTRIBUT	G UOR ING CAUSE OF		MONTH DAY YEAR						
	EDIC	21d. INJURY	OCCURRED	21e PLACE	OF INJURY (AT HOME,		CATION				41.15
	E	WHILE AT WORK	NOT WHILE	STREET, PAC	IOKT, PARM, ETC.)	-	DIRECT	CITY OR TOWN		COUNTY	STATE
1				ge of the remains des	cribed abave, held an	Autap	sy , Inspectia	n X. Inquiry \	and in	my apinian	
		death result		ural couses		icide	, Hamicide	Undetermined mann		my apinian	
		Gedin 10301	77	7	, 30	cide [TITLE (SPECIFY)	Circletermined mann	· []		
		ACTUAL SIGNATURE	lux	1		M	Deputy	MEDICAL EXAMIN	ER S	DATE 2/4,	/80
				8	large M D	100		Camden A			
I		EXAMINER'S (TYPE OR PR	INT) Ea	irl L. Ro	byer, M.D.		ADDRESS	Camuen A	/e., Sa	TITOURIA	, Mu.
2	30. BU	RIAL, CREMA	TION, REMOVAL	23b. DATE	Parsons	AETERY O	R CREMATORY	23d. LÓCATIÓN CITY ORTOWN		COUNTY	STATE
		Wrial		2/5/80	ransons	cei		Salisbu			ryland
2	4 FU	NERAL DIRE	CTOR AY FIINE	ADDRESS			25 0 0	5 1980	25b. REGISTRA	AR'S SHOULD BE	dy
	H	OLLOW	AY FUME	RAI HOME	2 001:		Malled	0 1300	0		

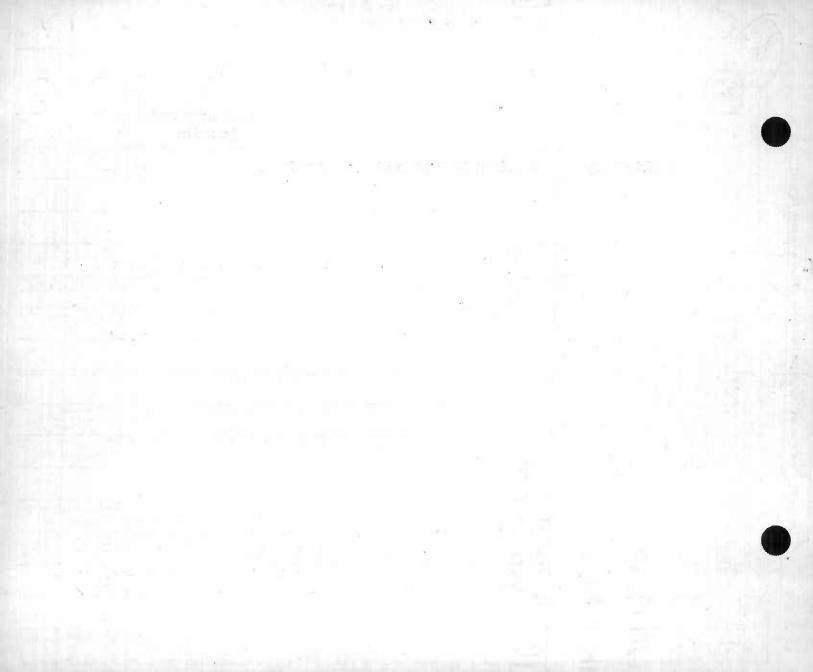


HOME, Salisbury, Md

FUNERAL

(VRA 15, 4) 7/78

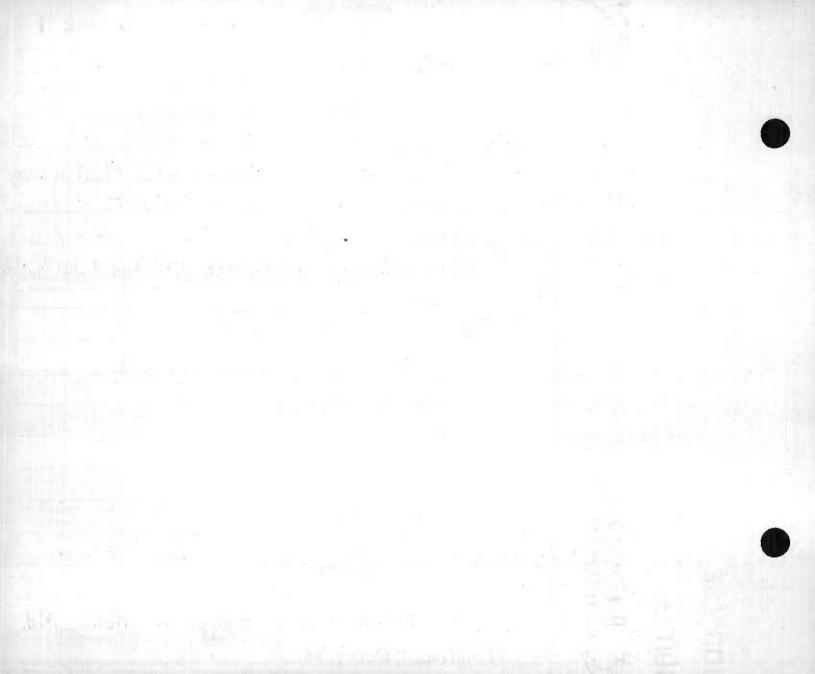
STATE OF MARYLAND

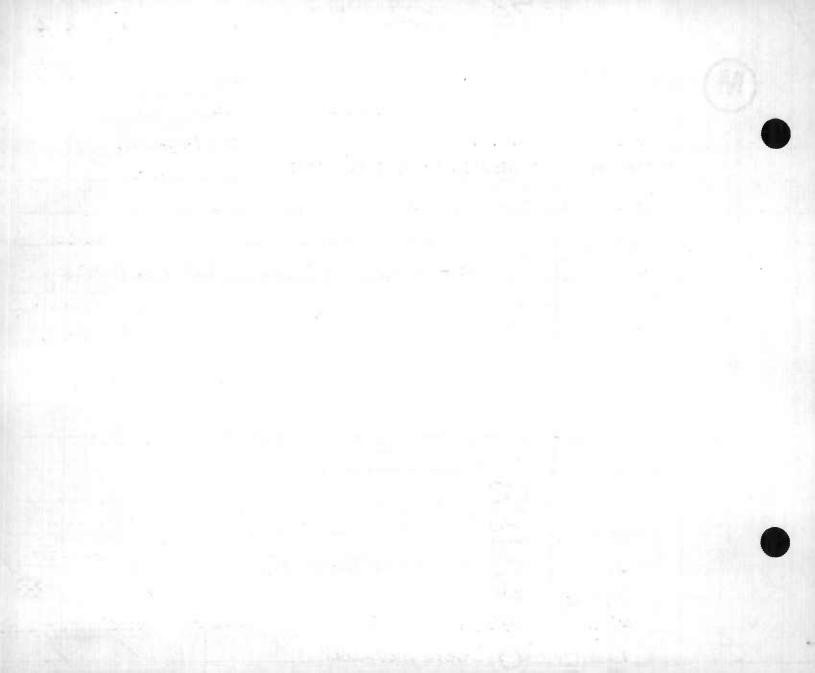


Item 1 g541 3/27/80 gi

Commence of the second state of the second sta Splishury Peninsula Caneral Hospital Copyrights THE REPORT OF THE PARTY OF THE of the self the first second without a second the second CONTRACTOR DESCRIPTION OF THE STATE OF THE S

	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 () REG. NO.	5 5 2 1
y be		CEASED NAME FIRST EVELY	n, Pavi	S HÄRDESTY	20 DATE OF DEATH MONTH	3:15 A
ter deum. Page 4 may be re funeral director, page 3 within 72 kours after death red of once.	3. SE	× F	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
deum. Po	C	RTHPLACE (STATE OF FOREIGN OUNTRY)	U.S.	MARRIED NEVER MARRIED L	Wicomico Coun	
by the	_ <	ity or town of DEATH Salisbury	Salisbury Nurs	ing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) SECYETAYU	GLIFE) 121 KIND OF BUSINESS O
y filled in hould be	13a.	STATE Md. 136 COU	NOTHER INSTITUTION, GIVE RESIDENCE BEY	YES NO	318 S. Mail	nSt;
ompletel	M	Illiam	JI Hall	Lydia	MIDDLE E	Grey
be executed on and comp rs. Pages I or	16a \	VAS DECEASED EVER IN U.S. AF YES, NO OR JINKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SE 218-07	-1923 Virginia D.	Knowles 318S	Main St. Berlin
equires that the death considered by the attending Then please remave corbito buriol, cremotion, or in pury, or other troumatic	NO	Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	any mact in	Aption RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
beer mit prior	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
a d # To E	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)
ENDING PHYSIC Of a tree of the certical of the certical of the burnor of the burnor of the burnor of the certical of the certi	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
TTOR for us		sow The deceased alive or obove. (D)(we) (did) (did no	ital) attended the deceased from 1, 2,9 19 Tyraw the body attendents.		on death occurred on the date and	hour and from the causes stated
TAL Street Por the house DIRE detached total DIRE NAT. If then		226. SIGNATURE	Veiel)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2.8 S
O HOSPITAL CATTEN et oned by the hospital TO FUNERAL DIRECTOR. should be detoched for us with the Stote Dept of He MADRIANT. If hem 21 is		120 PHYSICIANS NAME (TYPE OF ROGER C. MERR	ILL, M.D.	22. ADDRESS Salisbury.		
BP	(BURIAL, CREMATION, REMOVAL SPECIFY) BUYLA!	2/10/80 C	dd Fellows Cem.	Bigha aville	Wor. Mo
DHMH-16 20M (VRA 15, 4) 7/78	24 8	Fina A, Bu	ul 408 Williams	St. Berlin, Md. 250,00	TIBETO BY RESSINAR 256 RES	GISTRAR'S SIGNATURE





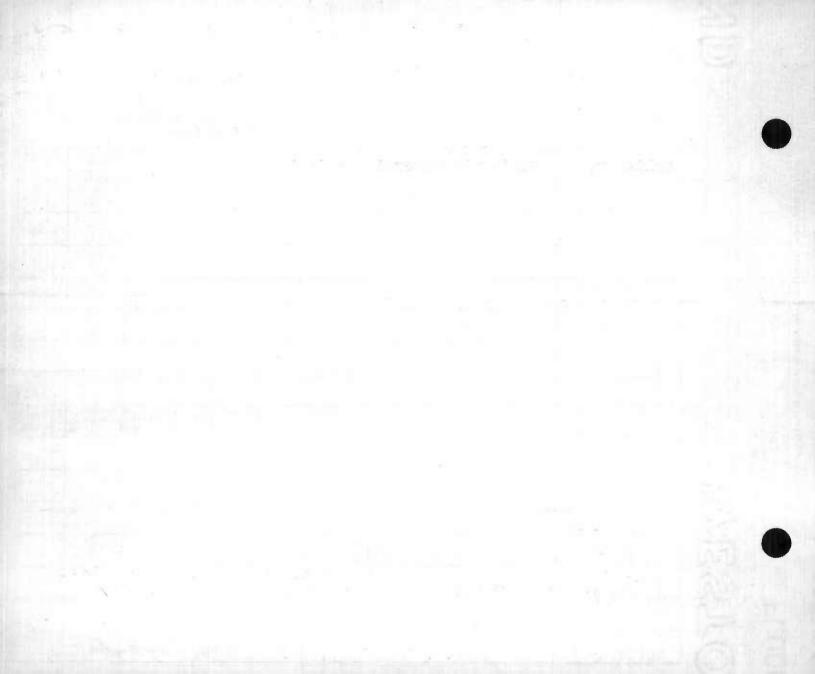
Page 4 may be

executed within 24 hours ofter

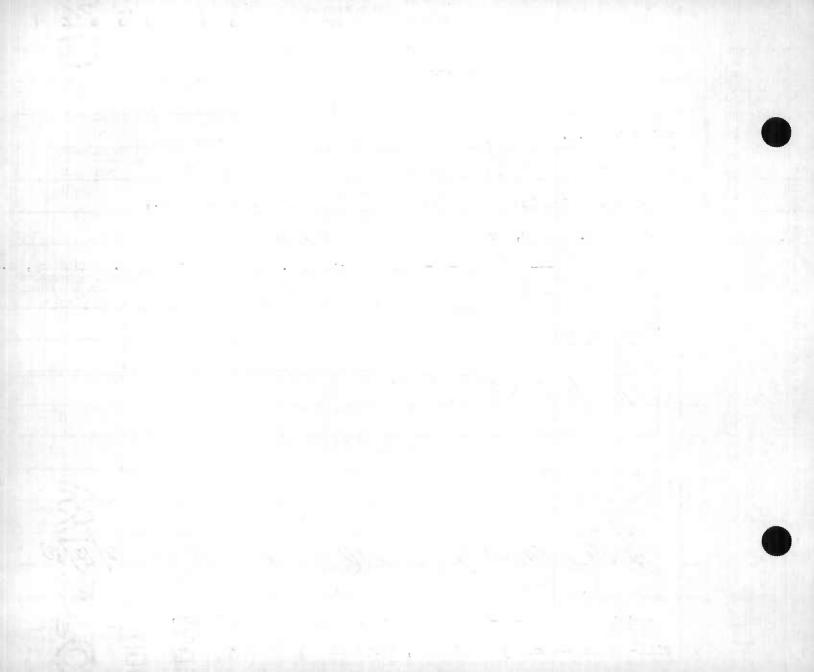
ITENDING PHYSICIAN: The law requires that the death certificate be

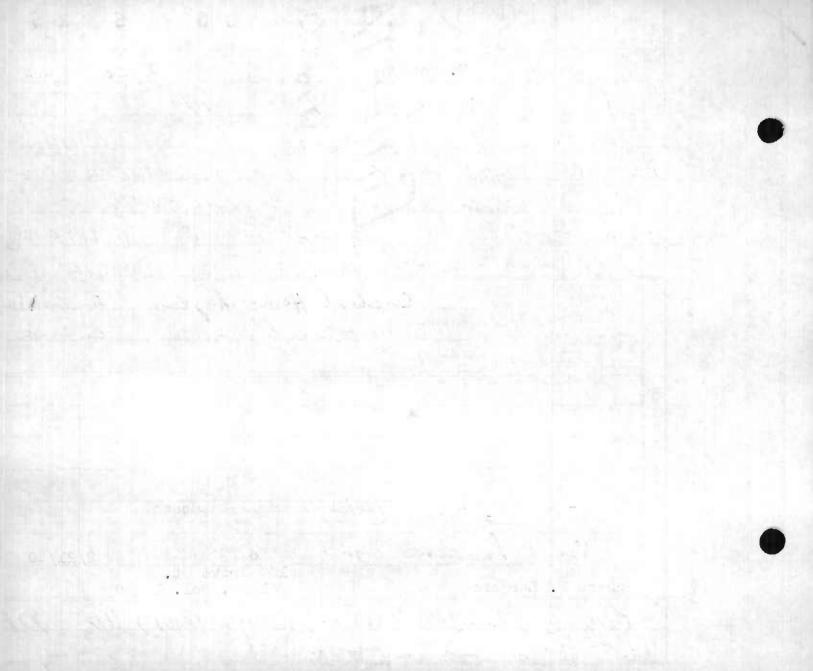
etained by the hospital TO HOSPITAL

	6	1	FOR - STATE REGISTRAR		. DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY TIFICATE OF DEATH	TGIENE 8 ()	05523
		1. DE	CEASED NAME FIRST	MIC	DDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
for, poge 3		(1100	Nancy	Pris	scillaHe	yse	Februar	13/980 7A M
0	;	3. SE		4 RACE	5. DA	TE OF BIRTH	6 AGE (IN YEARS LAST BIR	HDAY FUNDER I YEAR IF UNDER 24 HRS
9	10		Femal	W		May 2 1925	54	MONTHS DAYS HOURS MIN.
nerol direc	1 3/15		IRTHPLACE ISTATE OR FOREIGN OUNTRY	71 CITIZEN OF W	HAT COUNTRY?	RRIED NEVER MARRIED DOWNED X DIVORCED	Wicomic	R COUNTY OF DEATH
by the full	5)(S	alisbury	Penins	OSPITAL, NURSING HOL	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF NUTSE	ION 126, KIND OF BUSINESS OR
tely filled in	ed som			E OR OTHER INSTITUTION, G DUNTY I LCOMICO	rve residence before admiss 31. CITY OR TOWN Salisbut	TY YES NO		eadowbridge Rd.
completely	au variable			Robert	Cook	IS MOTHER'S MAIDENN Finst Myra	Atala	Smith
on ond c		160	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES!	66 SOCIAL SECURITY N 047-18-05!	1160	Saginay Tr Saginay Tr s Krentzma	
signed by the offending	njury, or other troumotic event, the	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR A	AS A CONSEQUENCE O	t lymphma		DITION GIVEN IN PART 1(a)
on hos been	ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERA	ATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
g physical	entol Hygie Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M.	MONTH DAY Y	AR 19	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2}
attending	olth ond Me morked or H	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OI (AT HOME, STREE	F INJURY T, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOV	WN COUNTY STATE
spitol or CTOR: Al	of He 21 is		22e.1 certify that (I) (this he sow the deceased alive above, (I) (and) (did	- 1 -	- Fd	and that in (my) (son) apinio		ote and hour and from the causes stated
दर् दर्	ofe Dept		276. SIGNATURE			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [
erained by	RTAN		22d PHYSICIAN'S NAME (TY)	1	622	SALISB	URY MG	1.21801
BP	^ S ≤		BURIAL, CREMATION, REMOV SPECIFY) Burial Green Acres		13: NAME:	of cemetery or crematory en Acres	234/QCATION CHYORTOWN Salisbu	COUNTY STATE RV WICOMICO Md.
	16 20M , 4) 7/78	24 F	UNERAL DIRECTOR	nerāl Hom	address neP.A. Sal			256. RECOSTRAR'S SIGNATURE



	1	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	0 5	5 2 4
m.f		CEASED NAME FI		AIDDLE		AST	28 DATE OF DEATH	MONTH DAY YE	2b HOUR
y be			Mary Anne	Snyder	HILL			2-9-80	4:46 PM
Page 4 may director, pag our ofter de	3 SE	x F	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
rer deam. Page 4 may be to the following the function for the following the death lied of once.	Va.	IRTHPLACE (STATE OR FOREK COUNTRY) Shington D.C	* U.S.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	BALTIMORE CITY O	OR COUNTY OF DEAT	H MC
by the fur filed within		lisbury	11 NAME OF H	HOSPITAL, NURSING HEACHTY, GIVE STREET	JC HOME C	POTHER INSTITUTION	12a USUAL OCCUPAT ITYPE OF WORK FOR MOST O HOUSE WI	ON 12b. KIN DE WORKING LIFE) INDUS	ND OF BUSINESS OR
24 hourst be	USU 13e	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION, COUNTY	GNE RESIDENCE BEFOR	E AOMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS Oak Ridge	Dr.,	
within within d 2 sh		Joseph M. S	Snyder, Sr.	LAST		15. MOTHER'S MAIDEN NA FIRST Katheri:	ME	Gunk	LAST
te be executed compers. Pages 1 on 191. The medical ex	16a	WAS DECEASED EVER IN	4	166 SOCIAL SECU 579-24-5		17 INFORMANT Franklin B. 1	ADDR		Salisbury,
n. no seen signed by the attending permit. Then please remove corbine prior to buriol, cremption, or we ony injury, or other traumatic.	CERTIFICATION	underlying cause I	cant conditions co	CAN	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN PAR 101. IF YES, WERE FI	NDINGS USED
physicio phy		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF GEATH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	YES NO	YES T	NO [
NG PHYSIC ottending firer this cer os the burio th and Ment briked or the	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE C	OF INJURY BET, FACTORY, OFFICE, I	FARM, ETC.)	ZII LOCATION STREET	CITY OR TO	wn COUNTY	STATE
he hospital or DIRECTOR A noched for use Dopt of Heal II smit		22a-1 certify that h (thi saw implificeased a playing (h) (pa) (dirt) 226 SIGNATURE	did fat Yew the body	19 2			, to	27c C	that (I) (we) loss the causes stated
O HOSPITAL Setoined by the TO FUNERAL (Should be determined by the MADORTANT: #	2		BEARDSLEY.			RT.50% CIVIC			1801
BP		BURIAL, CREMATION, REA SPECIFY Burial	2-12-1			EMETERY OR CREMATORY Cemetery	23d LOCATION CITY OR TOWN Salisbur		Med'
DHMH-16 20M (VRA 15, 4) 7/78		uneral director ill— Baker -	- B p unds &	Salisbury	y, Mar	yland 250. DA	FFB 1 3 19	236 REGISTRAR'S SIG	MATURE Creed

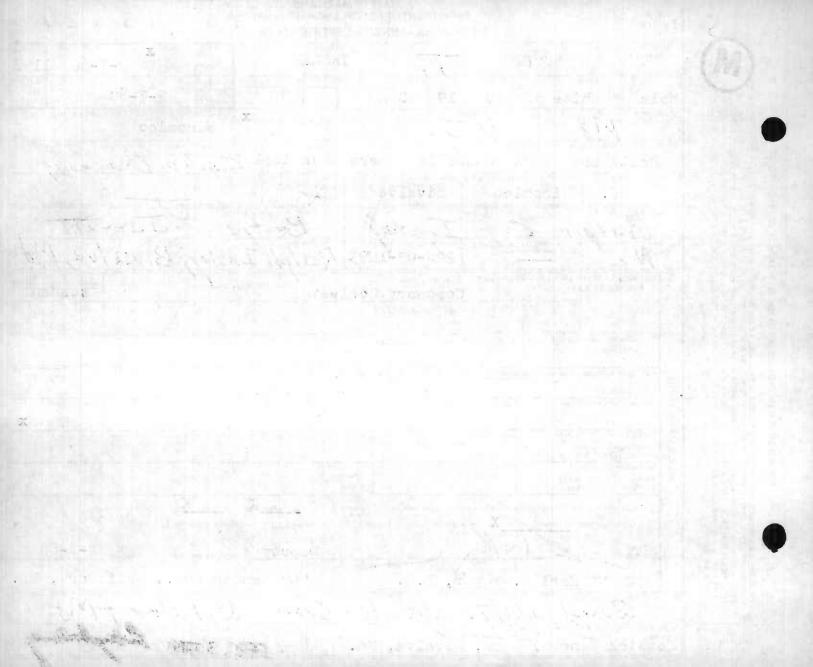




		1.	STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. N	o.	2 0
y be	(W)		CEASED NAME PRIST	2 Beatrice	Hurley	February	MONTH DAY YEAR 21	445 M
age 4 may	rector, pu	3 SE	temale	Caveasian	S DATE OF BIRTH / DAY 1894	6 AGE (IN YEARS LAST BIR	MONTHS DAYS H	FUNDER 24 HRS HOURS MIN
r deëtn. P	n 72 hou		RTHPLACE (STATE OR FOREIGN OUNTRY)	V, S, A.	MARRIED NEVER MARRIED WIDOWED DINORCED	Wicomic		MD.
ours afte	ited with	S	alisbury	Peninsula Ger	eral Hospital	120 USUAL OCCUPATION OF OF WORK FOR MOST OF WINGHOLD		rtfactory
thin 24 h	ould be from	130			YES NO	107Broad	1st.	
ecuted wi	30		George	- Smac	K Mary E	lizabeth	Brox	vn_
ate be exe	s. Pages 1 I. nt the m		VAS DECEASED EVER IN U.S. ARI (ES, NO ORUNKNOWN) (IF YES, GIVE	med Forces? 166 Social Secul 217-03-0	6030 L. Randolph	Hurley, Pers	immonTreeLone	Dover Dover
certifica	ng physic on papers r removal natic ever		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly ane cause per line for (a), (b), the D BY (E CAUSE (a)	in west an	1 gentro	METWEEN ON	E INTERVAL SET AND DEATH
the death	e attendir		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEOUE	INCE OF INTESTINE	fleating	Mary and	
ires that	hed by the lease remo urial, crem ury, or oth		couse (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE				
law requ	been sign Then prior to be sany inj	TION	196 DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING	STISED
AN: The	cate has to the cate has to the cate has to the cate has to the cate has the cate h	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSES OF	
HYSICI, physicia	rial-trans Aental H or Item	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA			CED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
VDING Pattendin	I: After the sa the burstlike and Natural Natura Natu	ME	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOV	74 (7)	STATE
ATTE	RECTOR d for use at. of Hea	6	saw the deceased alive an	tal) attended he deceased from	ond that in (my) (our) apinian a	death occurred on the d		
PITAL S	ERAL DI e detache State Del ANT: If		M B	n Kener	ATTENDING PHYSICIAN [MEDICAL STA	FF _ 2/211	180
HOS	should be with the IMPORT	220	William E	3. Horner, M.	D: Kay Ave	Salisbu.	ry, Md.	
BP_			SPECIFY) BUYIAL UNERAL DIRECTOR	2/27/80 E	vergreen Cemetery	Berlin	WOY. 125b. REGISTRAR'S SIGNATUR	Md.
	MH-16 25M (15, 4) 1/79	4	ma A.Bu	Lag 108 William:	St. Berlin, Hd.	FR ~ 9 138(perfory Mal	Preody

The Reduce Huter terrory styles of Not USA x Meconico BESTEDETS THE STREET STREET SCHOOL School Spile Short taken Ald, Warrester Berlin - X 101 Broad St. _ George - Smack Mary Elizabeth Brown No ____ 27-03-6030 L. Rendelph Horley, Resimmentizedem Deser affect on the same and street The Born Mysel Is a series and Il William B. Herner M.D Kay Hire Salisbury Ald. Burial 2/27/10 Evergreen Constant Derlin War. Mil. Frank A Bud-g-108 Williams & Berlig Hd

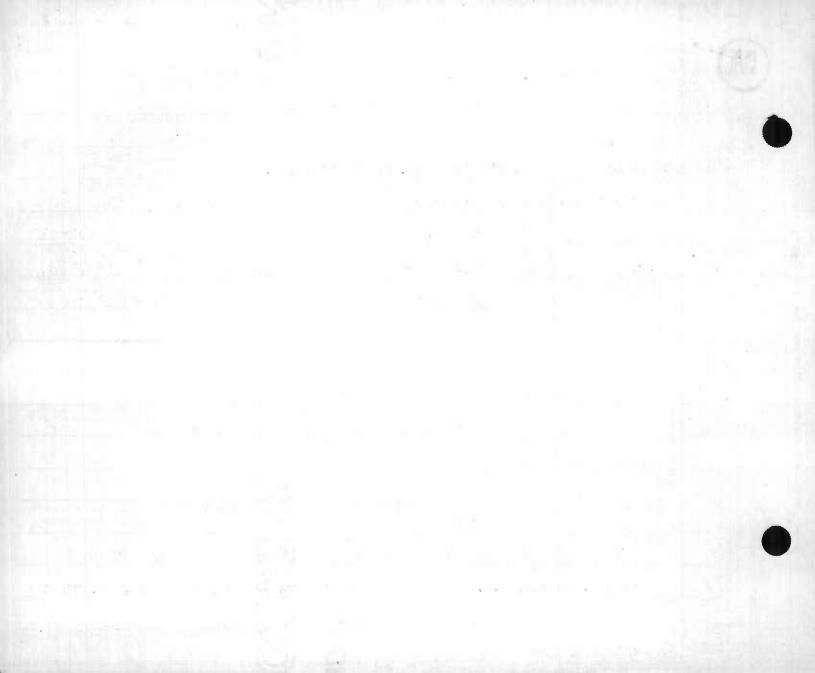
1.	FOR STATE		STATE OF MARYLAND OF HEALTH AND MENTAL H MINER'S CERTIFICATE O		5 5 2 7
	REGISTRAR ECEASED NAME FIRS YPE OR PRINT)	OBERT	INSLEY	2a. DATE KNOWN OF ESTI- DEATH MATED	
3 SE	ale White	MONTH DAY YEAR LAST	(IN YEARS IF UNDER 1 YR. IF UNDER BRITHDAY) MONTHS DAYS HOURS		MONTH DAY YEAR 2d.
Jo.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRI	ED Winomia	OR COUNTY OF DEATH
0	Salisbury		feheral Hospita	FOR MOST OF WORKING LIFE)	PE OF WORK 12b. KIND OF BUSINE OR INDUSTRY
5 130.	Md. 136 W	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A UNITY COMICO 13c. BIVE.	DMISSION) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
20	FATHER'S NAME		15. MOTHER'S MAIDE	tie MIDDLE J	Zbrett.
160.	(YES, H. OR UNKNOWN) (IF YES,		3-1495 Ralph	Ins/e/, B	Ivalve, M
SATION	Canditions, if any, wi gave rise to immed cause (a) stating the <u>uni</u> lying cause last. PART 2 OTNER SIGNIFICANT CONDITI	iate (b)	NCE OF	RT 1 (o).	
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSY?
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.M. MONTH DAY	YEAR 9	D (ENTER NATURE OF INJURY IN ITEM 18	YES NO
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HO STREET, FACTORY, FARM, ETC.)	ME. 21f. LOCATION STREET	CITY OR TOWN	COUNTY
	22a. I certify that I taak cl	aarge of the remains described above, held atural causes X. Accident	on Autopsy , <u>Inspection</u> Suicide , Hamicide , TITLE (SPECIFY) M.D. Deputy	Undetermined manner ,	DATE 2-8-80
230	EXAMINER'S NAME EX.		ADDRESS 409 C	Camden Ave.,	Salisbury, 1
	FUNERAL DIRECTOR	2/11/80 1310	alle Cemi	REC'D. BY REGISTRAR 25b. REG	SISTEMA SIGNA DE
M	essick Fune	cal Home, Bivalv		FR1 3 1980	Troking Malred



	1	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IEND U 0 5	5 2 8
		ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	10.1100K
noy be poge 3 er death		Elwoo	d Franklin J	OHNSON	February 6,1980	6110PM
4 of the	3. S	Female	4 RACE White	S DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
oth.	10	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY O	F DEATH MD
by the funding diled within	/	City or town of death	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Deer's Head	DDRESS1	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Waterman	126. KIND OF BUSINESS OR INDUSTRY
r filled in thould be f	130	aryland Some	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d INSIDECITY LIMITS? 5 Ann Ges (100 100 100 100 100 100 100 100 100 10	130. STREET ADDRESS Oak Stre	et
ond 2 s	14	FATHER'S NAME FIRST Joseph	Johnson	15 MOTHER'S MAIDEN NA/ FIRST Natile	MIDDLE	Evans
on ond co	7 160	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN)	MED FORCES? 166 SOCIAL SECUR		ADDRESPrinc Johnson, Oak S	
es that the death certificat ned by the attending physis please remove carbon pay ural, cremation, ar remova v. or other traumatic event, i		Conditions, if ony, which gave rise to immediate couse to, stating the underlying couse last	DUE TO, OR AS A CONSEQUED (b) FCCVT DUE TO, OR AS A CONSEQUED (c)	NCE OF Congestive	heart Pailure	mjuutes yrs
e low requires in. nos been signe permit. Then p ine prior to bur ws ony injury,	CERTIFICATION	end stage &	ciducy disease	on dialysis) OPERATION WAS PERFORMED	5/P @ nephr-	WERE FINDINGS USED NG CAUSES OF DEATH?
PHYSICIAN: The anding physicion this certificate he burial-transit ind Mental Hygie don't lem 18 should be the most property of the most physician than the most physician don't lem 18 should be the most physician than 18 should be	-0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA		RED LENTER MATURE OF INJURY IN ITEM 18, PART	
ING PHYS r ottending After this costhe bur th ond Me orked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.] 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTEND e hospitol o DIRECTOR: A ched for use Dept. of Heo		sow the deceosed alive an above. (1) (we) (did) (did not 27b. SIGNATURE	ol) ottended the deceased from 19 1 view the body after death	DEGREE ATTENDING	to	
TO HOSPITAL retained by the TO FUNERAL should be deto with the State I IMPORTANT: H	-	22d. PHYSICIAN'S NAME (TYPE OF	The second second second	22e ADDRESS	DIRECTOR PHYSICIAN	W1 03 003
Bb Specification	230	NANCY W. BURIAL, CREMATION, REMOVAL SPECIFY Burial	TUSTIN. M. D. 236. N 2/9/80 St	AME OF CEMETERY OR CREMATORY	-	ounty state Somerset: Nd
DHMH - 16 50M 7/77 (VR A 15 (4))	24.	PUNERAL DIRECTOR LLEN	ADDRESS		E REC'D. BY REGISTRAN 256. REGISTRAN 1 1 1980 Friefry	

oberiary A. 1960 - 197 Seridand heartfastmoot up a verodelias White the remarkable meaned has a remark to the first the state of the

1	FOR STATE REGISTRAR		STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO		24
1.1	DECEASED NAME FIRST TYPE OR PRINT! Vernon	T. Johnson	LAST	February	1. 1980	25. HOUR
3	SEX	L. Johnson	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	, , , , , , , , , , , , , , , , , , , ,	
	male	white	Nov. 20, 1895	84	YRS DAY	S HOURS MIN.
23	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY USA	* MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	R COUNTY OF DEATH	
10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NURS	ing home or other institution et appression ter, Salisbury, Md	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF TETTER TO		OF BUSINESS OF
35 1	Maryland Wor	e or other institution, give residence before unity 13c city or to como.	WN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS Route 3,	Box 83A	
30	FATHER'S NAME FIRST Alexander	Johnson		Virgir		ockwell
2		ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 217-36		hnson Poc	moke City	
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEOL (b) DUE TO, OR AS A CONSEOL (c) (c) (c) (c) (c) (c) (d) (d)	UENCE OF DEATH BUT NOT RELATED TO THE TERA	0	DITION GIVEN IN PART	MOS.
2	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSI YES	
	00 000000000000000000000000000000000000	DEATH HOUR A.M. MONTH	DAY YEAR	RED JENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
1 Sidan	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f LOCATION STREET	CITY OR TOW	n COUNTY	STATE
		on 02/01/80 19 not) view the body ofter deoth.	, -,	to 02/1/80 death occurred on the do		, that (I) (we) las ne causes stated
	276. SIGNATURE	M. Tusting	DEGREE TH, D, ATTENDING PHYSICIAN [MEDICAL STAF		TE SIGNED
1	Nancy W. Tu		Deer's Head	Center, Sal	isbury, Md.	21801
23	BURIAL, CREMATION, REMOV (SPECIFY) Burial	45 4	NAME OF CEMETERY OR CREMATORY irst Baptist Cem	23d LOCATION CITY OR TOWN	COUNTY Worcest	state er_Md
	(SPECIFY)	2/4/80 F	NAME OF CEMETERY OR CREMATORY irst Baptist Cem 1250 PA	23d LOCATION CITY OR TOWN	COUNTY Worcest	er

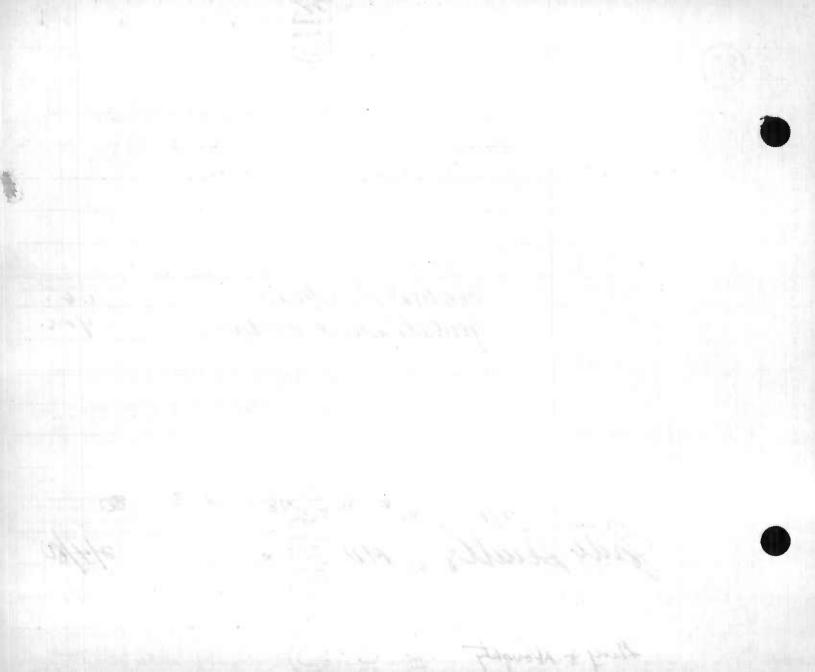


Ma	1-	FOR STATE REGISTRAR	DEPARTM	TENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	5 5 3 0
(IAI)		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3 15	(TYPE	OR PRINT) Elija	in SAULIOL	JOLLEY	February 20, 19	980 10:25 F
ton de la	3 SE	(RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
s of th		11	NeGex	OC+ 29 1900	79	MONTHS DAYS HOURS MIN
Pag dire	7a. BI	RTHPLACE (STATE OR FOREIGN	LE CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUN	
F Za Zal	0	etershurg	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	WL
er de fun withir	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
by the	Sa	lisbury	Deer's Head Co	enter	LA BOYER.	TACTORY
ours be fi	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE			
Filled Suld	130. 3	Md. 136 COUN	DAVICO MArdeL	A YES NO P	RT #1 BOX 12	6
orthun 2 sho	14. FA	THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
* de 6/2		Thomas "	JOI 1 62 J	SAR	MIDDLE	Hapkings
Pages 1 o		VAS DECEASED EVER IN U.S. ARA		RITY NO. 17 INFORMANT	ADDRESS	,
Page	()	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES] 213-18-5	5340A JAMES L	3. Jolley (Add.	SAME AS Abor
oers.		18 CAUSE OF DEATH (Enter onl	y one couse per line for tal, (b), one			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy: npog movent,		PART I. DEATH WAS CAUSED	RY.	userug		
ding orbo	US	4592	DUE TO, OR AS A CONSEQUE		18.07 L 18.19	
death then twe co	23	Conditions, if ony, which	(1b) AS	CVD		
he o emot emot		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
by t by t by t t, cre orthe		underlying couse lost	DOE TO, OK AS A CONSEGUE	1102 01		
aned n ple burio ry, or		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	SIVEN IN PART 1(0)
The to	CERTIFICATION					
beer mit.	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
NN: The lo hysicion. icote has transit per Hygiene 18 shaws	TIE	A TOTAL OF STREET			YES NO	YES NO
N. T hysical rons Hyg 18 sh	CER	216. ACCIDENT WAS UNDERLYING	LIGHTS A LA MACRITAL S		RED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)
ICIA g pl ertifi iol-ti intol	CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
oHYS ndin this c bur d Me	MEDICAL	21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
after the bank han	2	WHILE NOT WHILE AT WORK				
NDIN L or Use of tealth			al) attended the deceased from_	, 19	, to	, 19, that (I) (we) last
Spito Spito CTO of H of H		saw the deceased alive on, above, (1) (we) (did) (did not) view the body ofter death.	, and that in (my) (aur) apinion	death accurred on the date and l	nour and from the couses stated
OR A DIRECTOR OF A Dept.		226. SIGNATURE	Clalla	DEGREE	AMERICAL CTAFF	224. DATE SIGNED
7 f = 4 e T		17	8hilsha		MEDICAL STAFF DIRECTOR PHYSICIAN	
HOSPITA ouned by FUNERA ould be di th the State IPORTANT		22d. PHYSICIAN'S NAME (TYPE OF		220. ADDRESS		
O HOSPI effained k TO FUNE should be		M. S	hrestha, M.D.	Deer's Head	Center, Salisbu	ry, Md. 21801
0 = 5 = 3 = 1		BURIAL, CREMATION, REMOVAL	23b. DATE 23c P	AME OF CEMETERY OR CREMATORY	23d. LOCATION CUPY OR TOWN	COUNTY STATE,
BP		BURIAL	2-23-80 7	ion United	ShARPlow	N wico, Md
DHMH - 16 50M 7/77	24. F	UNETAL DIRECTOR UND	M. ChAPPLADDRESS C	Alighual 250. DA	TE REC'D. BY REGISTRAR 256. REC	ISTRAR'S SIGNATURE
(VR A 15 (4))		COT OF A LIC		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	D 2 / 1980 M	7 / Kelresdy

15:31	AND CAR COMPAGN		da mag 1	
			Land State	
	estmete		AZIA	- interestar
	E NEW HALL	4.0	Cap Cap Cap	and the special state of
			E STEEL STUNE	141
	TYOUTAN USA			all you be to

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



_	1	FOR STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 0 0	5 5 3 2
a way be	1. DE (TYP	CEASED NAME FIRST EOR PRINT)	M J,	S PATE OF BIRTH	2e. DATE OF DEATH MONTH FED LU DE MANAGEMENT DE LE MONTH 6 AGE (IN YEARS LAST BIRTHDAY)	OAY YEAR 26 HOURS AND THE MONITS OATS HOURS MIN
ter death. Page within 72 hours fied of once	(Md.	U,S,A,	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN WICOMICO	TY OF DEATH
in by the fire filed with	S	ALISBURY	PENINSULA °GI	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Farmer	126 KIND OF BUSINESS OF HIDUSTRY Agriculture
ithin 24 hc tely filled i 2 should b	130	ATHER'S NAME	mico Powell	OWN 13d. INSIDE CITY LIMITS? YES NO		le.
= 0	L'	William Fr	anklin Ke	114 Martha	Belle	Lewis
on and co		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIALS WAR OR DATES) 216-14	1-957/ Mys Blance T.	Bare Rt.1, Pit	taville, Md2185
g physici on poper removal event, th		IS CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (0) PRO	O DESPIRATORY A.	eres 7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the dea the atte remove emotion er troun		Conditions, if any, which gave rise to immediate cause 101, stating the	DUE TO, OR AS A CONSE	shive Heart Fui	luve	Weeks
quires signe signe to bur nery.	NO	PART 2 OTHER SIGNIFICANT C	10 Atheros	CLE TO TE CATE TO THE TERM		GIVEN IN PART 1(0)
he low range of the low	CERTIFICATION	190 DATE OF OPERATION	19% CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
SKCIAN: The ng physicio certificate lurial-transit tental Hygie liem 18 sha	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)
G Pt	MED	21d INJURY OCCURRED WHILE OF WHILE OF WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
		220 I certify that N (this hospite saw the deceased alive an above, (1) we) to did not	166 9	9, and that in (NLL) (aur) apinion	death occurred on the date and h	
# Day #		22h. SIGNATURE	Justin		MEDICAL STAFF DIRECTOR PHYSICIAN	2/10/80
TO HOSPITAL retained by 1 TO FUNERAL should be de- with the Stort		Allen W.	TUSTIN,	M.D. 209 MA	EVILAND AVE, SAK	ISBURY, MD.
BP		BURIAL CREMATION, REMOVAL SPECIFY BURIAL	2/13/80 2	Perdue Cemetery or crematory Perdue Cemetery 1256. DA	Powellville RFD	COUNTY STATE MA
DHMH-16 20M (VRA 15, 4) 7/78	K	mane a A. Bur	hage 108 William	nsSt. Berlin, Md	I LE B of LED IS HOLE OF KEG	ISTRAR'S SIGNATURE Cready

Leave courses on parts Congression Horse Factories Markey Address that in Cold accounter Discourse Mais House 143 10 868 10 aller It Teaster M. S. x 2/10/80 Allen W Tostin, M.D. 209 Mayen Am, Samoney, M.D.

and the same	REGISTRAR CERTIFICATE OF DEATH											
MAI)	I DECEASED NAME FIRST (TYPE OR PRINT)			MIDDLE LAST					MONTH	DAY YEAR	2b. HOUR	
			William R.			KENT		2-22-80			4.25	
ŧ.	3 SEX			4 RACE		5. DATE OF BIRTH MONTH DAY YEAR		& AGE (IN YEARS LAST BIR	HDAY)	MONTHS DAYS	HOURS ME	
Sur .	7. D	M M	2001011	W CITIZENIOS	WHAT COUNTRY?	-	7-7-93	86	YRS	V OF DEATH		
35	C C	OUNTRY) Maryland		TI S		MARRIED WEVER MARRIED WIDOWED DIVORCED		Wicomico County				
d with	10 C	TY OR TOWN OF DEA	тн			NG HOME OR OTHER INSTITUTION ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
h by the	Salisbury			Salishury Nursing Home			me	Masonry Contractor				
and be	13a, 3	aryland	W COUN	oline	13c. CITY OR TOW Federals	/N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS Nichols	Road		N.	
and 2 sh and 2 sh and 2 sh	14. F/	THER'S NAME FIRST John		MIDDLE	Kent		IS MOTHER'S MAIDEN NA			Smith	i T	
0 7 0		VAS DECEASED EVER	VER IN U.S. ARMED FORCE		S? 166 SOCIAL SECURITY NO		17 INFORMANT	ADDR	SS			
Poge		NO OR UNKNOWN)		SL WAR OR DATES)	217-01-8	051A	William R.	Kent Jr.	N	ewark,	De lawar	
nit. Then please	ATION	PART 2 OTHER SIGN	VIFICANT (DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE						PART 1(o)	
shows or	CAL CERTIFICATION							YES NO		IFYING CAUSES	OF DEATH?	
S certificate oursel-tronsit Mental Hygira IR shall hygira IR shall be had a shal		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	HOUR A		AY YEAR	214 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18.	PART 1 OR PART 2)		
ter this is the bund Mond Mond Mond Mond Mond Mond Mond Mo	MEDICAL	214 INJURY OCCURE WHILE NOT WE AT WORK AT WO	TILE [21R PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
DIRECTOR A		220 L certify that (I) (this hospital) alreaded the deceased from 19 4, to 19 4, to 19 4, to 19 4, that (I) (we) I suit the date and hour and from the causes stated above (we) (did) talk that the body after that the body after that the body after										
Should be detroit with the State	4	724 PHYSICIAN S M		FARDSI F	7		PHYSICIAN 220 ADDRESS PT 508 CTVTC	AVE CALLED		7	70-	
5 % 2 X	23a. I	URIAL, CREMATION,				NAME OF C	EMETERY OR CREMATORY	234 LOCATION	uux,	ru.	****	
	(SPECHY) Burial			26, H	iller	est Cemetery	Federa.	sburg	g, Car.	MO .	

24 FUNERAL DIRECTOR

DHMH-16 20M (VRA 15, 4) 7/7B

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

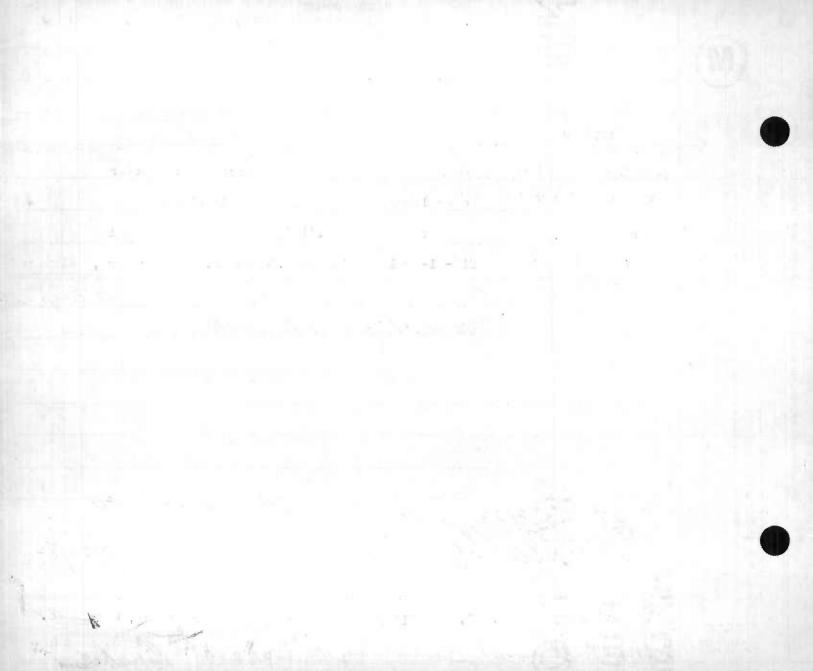
25R. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Newark, Delaware

19 09, that (1) (we) lost

176. KIND OF BUSINESS OR

IF UNDER 24 HRS HOURS



FUNERAL HOME, Salisbury.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

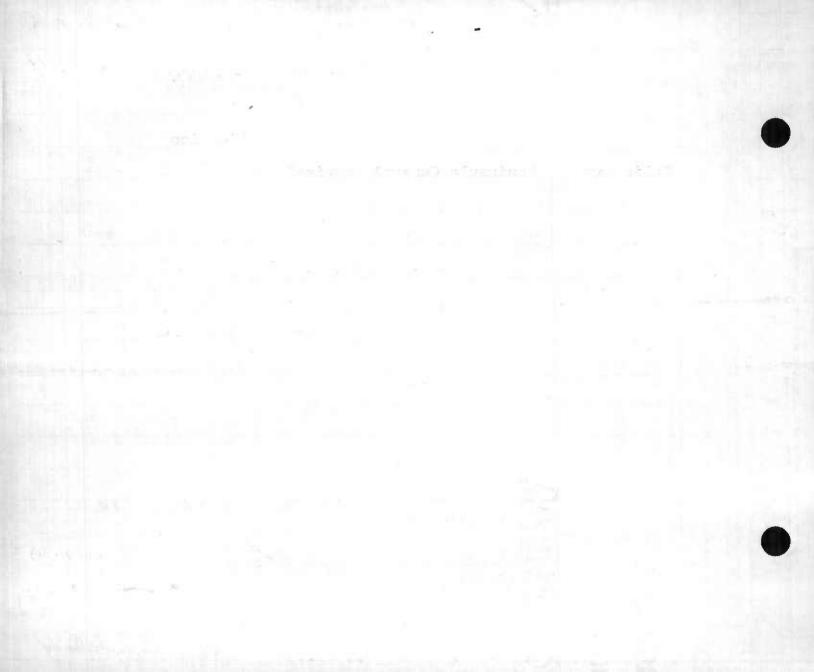
REGISTRAR

- STATE

DHMH-16 20M

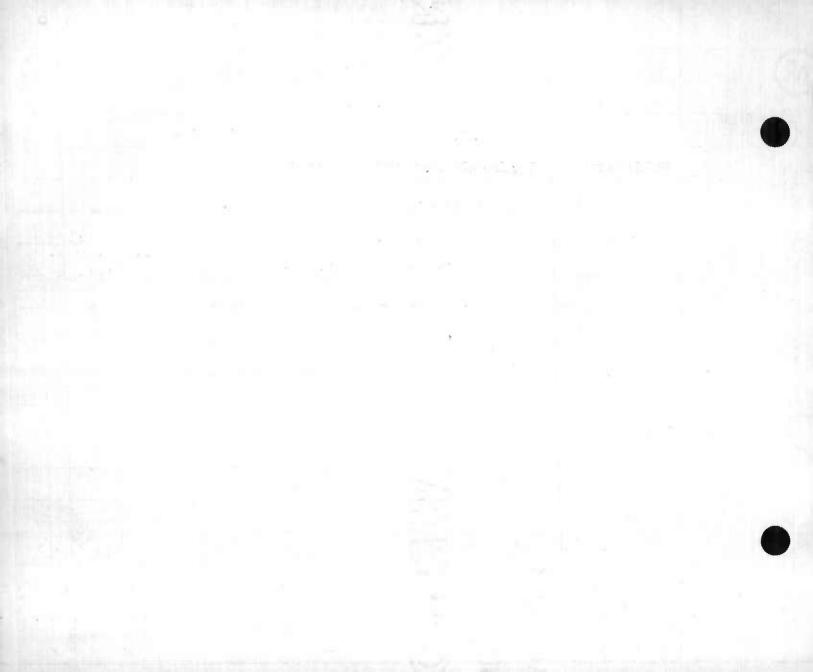
(VRA 15, 4) 7/7B

NAME



The second second Ame Them to The Modern Co. - 25149

	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 U O	5 5 3 6
tor, page 3	TYPE	CEASED NAME FIRST ORPRINT) IVO	Benson	LAWSON	FEBRUAR /	1980 PAR 1980
ge 4 mo ector, po rs ofter c	3 SE	x Male	White	Mar. 31, 1918	6 AGE (IN YEARS LAST BUTTHEDAY) 61 YRS.	MONTHS DAYS HOURS MIN
hearr. Page nneral direct in 72 hours at once.	7e. B	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	U . S .	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT WICOMICO	Y OF DEATH
s ofter d	F	alisbury	11. NAME OF HOSPITAL, NURS PENINSULA GE	ing home or other institution et aboness) Eneral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS C INDUSTRY
24 hour	136.5	AL RESIDENCE (IE NURSING HOME COURTE TO THE	DECTHER INSTITUTION GIVE RESIDENCE REF	WN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS Rt. 2	
mpletely and 2 sh		THER'S NAME	enson Lawson	15. MOTHER'S MAIDEN NO.	AME MDOLE	Sterling
n and car Pagen 1		NAS DECEASED EVER IN U.S. A.	the state of the s	Annual Section 1.	19thel	Rt.2, Box 4
low requires that the death is been signed by the attend ermit. Then please remove co e prior to bureal, cremation, a s ony injury, an other trauma	CERTIFICATION	Conditions, if any, which gave rise to immediate course to stating the underlying course lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	alab Mel	DEATH BUT NOT RELATED TO THE TER. CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	IVEN IN PART 1(a) ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
IVSICIAN: The Iding physicion: is certificate has burial-transit per Mental Hygiens or frem 18 shows		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	CAUR	DAY YEAR	YES NO YES	PART 1 OR PART 2)
d of the	MEDICAL	INF EITHER, NOTIFY MEDICAL EXAMINER 216, INJURY OCCURRED WHILE AT WORK AT WORK	P. M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
he hospital or off he hospital or off DIRECTOR. After toched for use as to book of Health o		22 Certify that (I) (this hasp	potal) attended the deceased Iran n 19 at) view the bady after death.	DEGREE ATTENDING	n death accurred an the date and ha	, 19 , that (I) (we) la our and fram the causes stated
TO HOSPITAL TO FUNERAL I should be deta with the Stote I want the Stote I		224 PHYSICIAN'S NAME ITYPE	OR PRINT) GREEN	PHYSICIAN 220 ADDRESS LOCUST & QU	DIRECTOR PHYSICIAN DINCY STS. SALIS	BURY MO DIA
₽₽ <u>₽₩₹₹</u>	23a. (BURIAL, CREMATION, REMOVA SPECIFY) Burial		Asbury & Asbury	23d. LOCATION	COUNTY STATE
DHMH-16 20M (VRA 15, 4) 7/78	24 F	UNERAL DIRECTOR	van Prin	cen An	TERECO BY REGISTRAR 25% REGIS	TRAR'S SIGNATURE



1630 Edmondson Avenue Catonsville, Md. 21228

(VRA 15, 4) 1/79

FEB

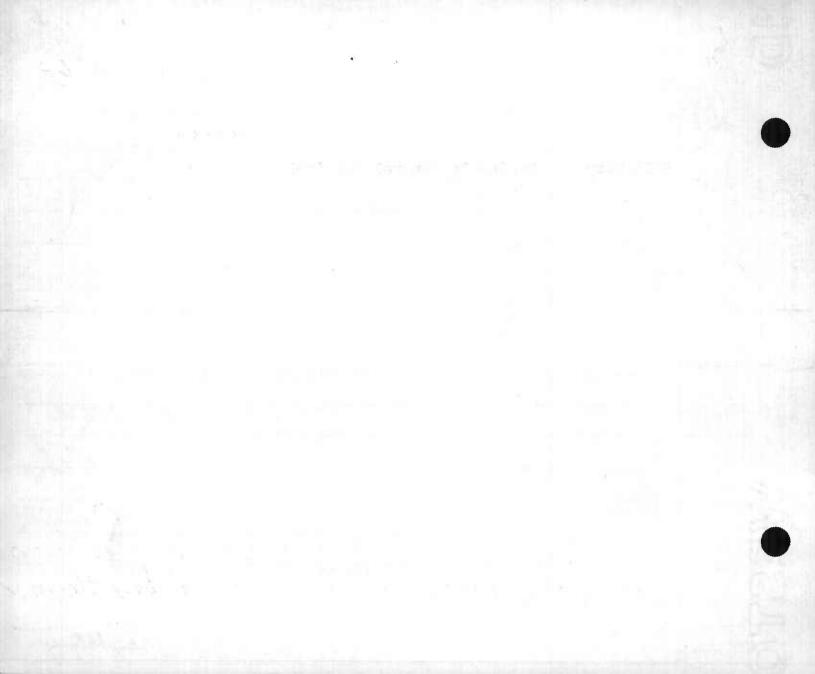
Selisbury Teningul, Schernl Honodral Dawin r Division and the second of the

nt. Dist. to a rate | and the same and the restant the property of the state of the sta May be bless the man and the second tracked And the state of t THE LOCAL CONTRACT OF SECURITION OF SECURITI Editor . The second of the second THE DESIGN OF THE RESIDENCE OF THE PROPERTY OF

(b)		1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENES 0 0 5 5 3 9
			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
age 3 death		(),,,,	Holland	Webster	MAJORS	FEBRUARY 15 1980 17
. pa		3 SE)		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST ARTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
rector rrs aft		N	Male	White	Jan. 2, 1919	61 YRS MONTHS DAYS HOURS MIN
l dir houn	2	70. BII	RTHPLACE (STATE OR FOREIGN DUINTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH
nera 72	of.		Marvland	USA	WIDOWED DIVORCED	Wicomico
the furthing	10		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE		12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
in b		USUA	L RESIDENCE (IF NURSING HOME OF	Peninsula Ger	neral Hospital	Farmer Farming
D 20 10	25	130 S	TATE 136 COUN	113c. CITY OR TOV	VN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS
tely fills should examin	70		laryland Wico	mico Mardela	YES NO I	IRt. 50
00	1	IN. FA	FIRST	MIDDLE LAST	13. MOTHER 5 MAIDEN NA	MIDDLE LAST
1 and 1	4			mas Major		Eliza Ryan
			AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECTION OF THE PROPERTY	URITY NO. 17 INFORMANT	ADDRESS
ysician and pers. Pages oval. event, the	V [N	0	213-14	-6275 Mrs. Rose	L. Majors (wife) same as
een signed by the at Then please remove or to burial, cremati any injury, or other		NOIL			Coronan and	Ain of Geore MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
cian. ificate has b nsit permit. Hygiene pri m 18 shows	9	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
physician nis certific rial-transif Aental Hy or Item 1	9	-	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
After this the buri		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
ospital or a DIRECTOR: ed for use a ept. of Heal for Item 21 is				tal) attended the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING	death occurred on the date and hour and from the causes stated MEDICAL STAFF DIRECTOR PHYSICIAN 2-1.5-86
A Stady			224 PHYSICHAN S NAME (TYPEO)	PRIDED O O/	22e ADDRESS	41
TO FUNERAL should be detached with the State	4		J. L. C	Cat-fe 100	(30	7 V
TO FUNERALE should be detach with the State D IMPORTANT: I	1	230. B	URIAL, CREMATION, REMOVAL	1-1-010-	NAME OF CEMETERY OR CREMATORY rdela Mem. Ceme	23d LOCATION COUNTY STATE THE TOTAL MARY

Salisbury Peninsula Report Lossital

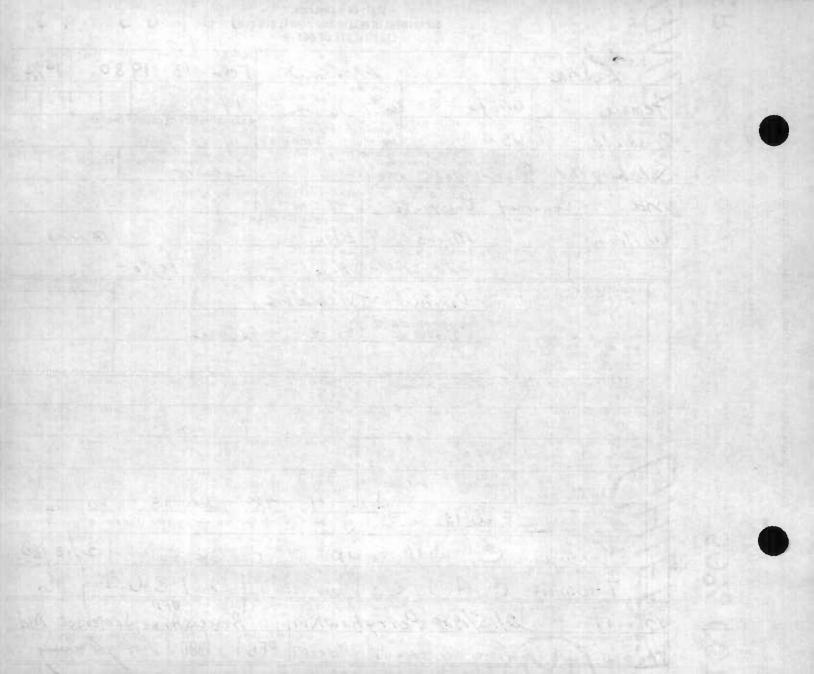
FOR

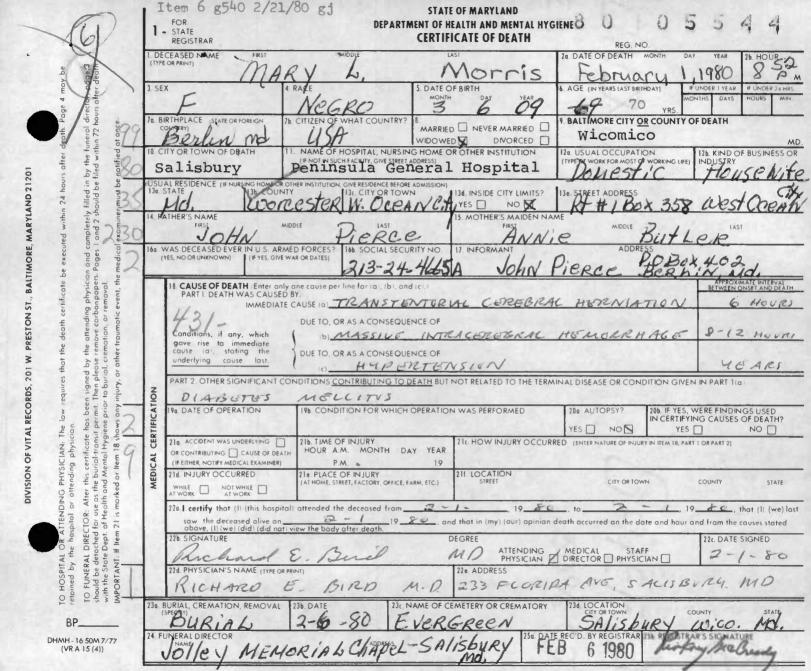


1		OR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 A 1
L	R	TATE EGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	2 4
1.		EASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN TO MONTH	
	(live	JOH	INNIE MCBRIDE OF ESTI- 2.	-25-80 9:5
1	SEX	AA AA	15. DATE OF BIRTH MONTH DAY 12 25 25 25 14 YRS. 15. UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY 12 25 25 25 14 YRS. 16. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY PRONOUNCED DEAD 2-25	20. F
		THPLACE (STATE OR	7b. CITIZEN OF WHAT COUNTRY?	19
		EIGH COUNTRY)	MARRIED NEVER MARRIED Wicomico	NIT OF BEATH
10). CIT	Salisbury	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORN DO A Peninsula General Hospital For MOST OF YORKING LIFE)	R 12b. KIND OF BUSINES
U:	SUAI	RESIDENCE (IF IN NURSING HOM	AE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI	1146701
>			comico Salisbury YES X NO Gay St.	
	J. FA	HER'S NAME	MODIE 15. MOTHER'S MAIDEN NAME MIDDLE	LAST
16	a. W	AS DECEASED EVER IN U.S. A		R 224
L		NO !	Thez Jackson Snow	HIT Md.
		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	anly ane cause per line far (a), (b), and (c).) SED BY:	APPROXIMATE INTERV BETWEEN ONSET AND DI
н		1110 IMMEDI	IATE CAUSE (a) Carcinoma of Larynx	years
		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
		gave rise to immedia cause (a) stating the unde	ate (b)	
1		lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	-	PART 2 OTHER SIGNIFICANT CONDITION	(c)	
	NO.			
7	3	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	Ē.			YES NO
		INDERLYING OR	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART FOR	PART 2)
	5 L	CONTRIBUTING CAUSE O		
		WHILE NOT WHILE	216. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN	COUNTY ST
		AT WORK AT WORK		,
		22a. I certify that I taak cha	arge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my	opinian
			Tural causes , Accident , Suicide , Hamicide , Undetermined manner ,	- F
		7	TITLE (SPECIFY)	
		ACTUAL SIGNATURE	M.D. Deputy MEDICAL EXAMINER SIG	E 2-26-
,			MEDICAL EXAMINER SION	
		TYPE OR PRINT)	1 L. Rover, M.D. 409 Camden Ave., Sal	randry, m
23	a. By	RIAL, CREMATION, REMOVAL		unido I
	K	emova	Mar. 1.1980 Noak Ark Cem. Waynesboro	wicke C
24	FU	RAL DIRECTOR	250. DAT MILE Q. BY RAGISTON TABLE	NAME !
	3	avage Funer	al Home, New Church, Va.	1

top synt - Mar 1918 N. - Willey was grade I Ca Salisbary Peninsula Canoral Hospitch

	1 -	STATE REGISTRAR	DEPART		ICATE OF DEATH	REG. NO	0 3	7	7 9
		CEASED NAME FIRST DR PRINT) - IN A	WIDDLE	1	1 URSED		198		25. HOUR 75% A
1) 3	SEX Te	mule	white	S. DATE C		6. AGE (IN YEARS LAST BIRTH		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
350	, co	THPLACE ISTATE OR FOREIGN SHIELD	76 CITIZEN OF WHAT COUNTRY	MARRIE WIDOWE	DE NEVER MARRIED DIVORCED D	9 BALTIMORE CITY OF		FDEATH	W
	CI	ry OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI PIENOFIN SUCHFACILITY, GIVE STREE			120 USUAL OCCUPATION		126. KIND O INDUSTRY	F BUSINESS OR
ed trust be	30 S	RESIDENCE (IF NURSING HOMEOR TATE) 136 COUN	1 11 1 -	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
m 100	e)	Illiam	MY-crs		15. MOTHER'S MAIDEN NA Ella	MIDDLE		mye	ers
o medico		(AS DECEASED EVER IN U.S. AR/ es, no or unknown) (1F yes, give	WAR OR DATES	URITY NO. 2-6/21	17 INFORMANT	ADDRE	aylor		IMATE INTERVAL
other traumotic event, 1		PART I. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUE	UENCE OF	arombos.	lorosis		BETWEEN	ONSET AND DEATH
χ, οι	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN	IN PART 10	a)
Nuo smoys	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO		YES NO NO	YES	NG CAUSES	NGS USED OF DEATH? NO
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH [DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	I OR PART 2}	
morked or	MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE OAT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
21 is	ij	sow the deceased alive on abave, ((we) (did) (did and	tol) attended the deceased from 19_19_19_19_19_19_19_19_19_19_19_19_19_1		nd that in (my) (our) opinion	death occurred on the do	ite and hour a	and from the	
NT: #		276. SIGNAFORE	C Hel	M		MEDICAL STAF DIRECTOR PHYSIC	F IAN 🗆	221. DATE	13 /80
IMPORTANT		270. PHYSICIAN'S NAME (TYPE OF	C. Hill	Jh	Più Blu	Il Road	Sales	leny.	Md
_	13	URIAL CREMATION, REMOVAL	23h. DATE 231 2/15/1980 F	NAME OF C	Hawkin	Bincess A	me, Jo	merse	et Md
7 2	L/s	NERAL DIRECTOR	Home Conca	reld	md21817 FE	B 1 9 1980	Juiga Printer	MY /XEL	ready

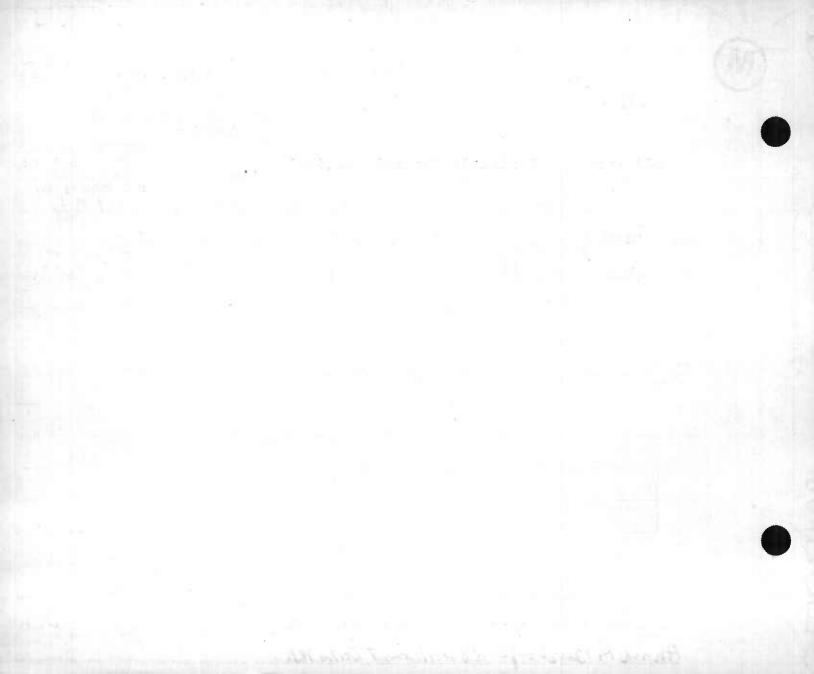




periode the Control of the Control o A DATE CONSUMER Marie 2 & Cy Selie som derenes una minor TABLE TO SERVICE OF THE SERVICE OF T VISUAL SERVICE CALLS / SALAS / SALAS VEHEL SOME AND A STANLE OF STANLEY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



8	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 ()	0	5 3 4 6
		CEASED NAME FIRST		DOLE		AST	20 DATE OF DEATH	MONTH DAY	Y YEAR 25 HOUR
1		Walt		A.		HANT	JANUA		
\mathcal{D}_i	3 SE	Male	(auca)	sian	S DATE O		6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR # UNDER 24 HR
159	1	IRTHPLACE ISTATE OR FOREIGN PUNTRY) YOUNG	USA	HAT COUNTRY?	MARRIE WIDOWE	DE NEVER MARRIED	Wicomic		OF DEATH
St be no	S	alisbury	Penins	ula Ge	neral	Hospital	120 USUAL OCCUPATION OF WORK FOR MOSTO	F WORKING LIFE)	
ming m	130	AL RESIDENCE IN NURSING HOME C STATE Delaware Sus	DROTHER INSTITUTION, GINTY	ive residence befor 3c. CITY OR TOV Laure	N)	13d Inside City Limits? Yes 🔼 no 🗌	<u> </u>	Il Ave.	
7 7 10 3		Charles	0	liphant		Sarah	Jane		Parker
Pages 1		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) YEA YEA YOUR	VE WAR OR DATES	66 SOCIAL SECT		Mrs. Barbara			, Del 19956 Ceptral Ave. I perproximate interval Between ONSET AND DEATT
hen please remove to burial, cremati ny injury, or other	NO	Conditions, if any, which gave rise to immediate cause 10), stohing the underlying cause lost. PART 2 OTHER SIGNIFICANT	1(1)	AS AFONSEOU HULLO NTRIBUTING TO	ENCE OF				N IN PART 1(a)
giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	206. IF YES, YES	WERE FINDINGS USED NG CAUSES OF DEATH?
al-transit		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M	MONTH D	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART	T 1 OR PART 2)
h and Me harked o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	F INJURY T, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOV	/N	COUNTY STATE
ached for use as Dept, of Heal		220.1 certify the III) this hose saw the decound of the obove, in the Union did to	2 1-28	10		od that in (my) (our) apinion d	MEDICAL STAL	· F	22c. DATE SIGNED
should be deta with the State		174 PHYSICIAN'S NAME (THE	ON JR			PGHMC S	DIRECTOR PHYSIC	mo	21801
- 2 S =	230	BURIAL, CREMATION, REMOVA SPECIFY) burial	1/31/80			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	0	OUNTY STATE
1H-16 25M 15, 4) 1/79	24 F	UNERAL DIRECTOR NAME HOMER L. Di				Llows Cemetery 25-00 ATE			AR'S SIGNATURE

Salishmiry Tenis, vice Concras Hospital on in o. Nord contration .ovn na na jed na se Zamin sana oznacije Chexues C. Wile land Sunah Tanah Cales yes homen I 27 20 F/72 has a large V. Wilhlam Of Cantaring -" zerou lanul padera landolika (20/171) landon House L. Westerman Mac. to was alrest

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

FOR

February 7, 1780 83	O IVE IL		
93		THE WATER	36,774
Mount of the same	24	1, 11, 175	an also
a continue postan	Sellmant I	Pentranta Green	gradult 58
1. U. Z Teine om Rees !	34	7/ (A)	all a market
		Shank S	Joseph
and threston, branca	. Marite C. (24)	22.406774	7.57

FOR

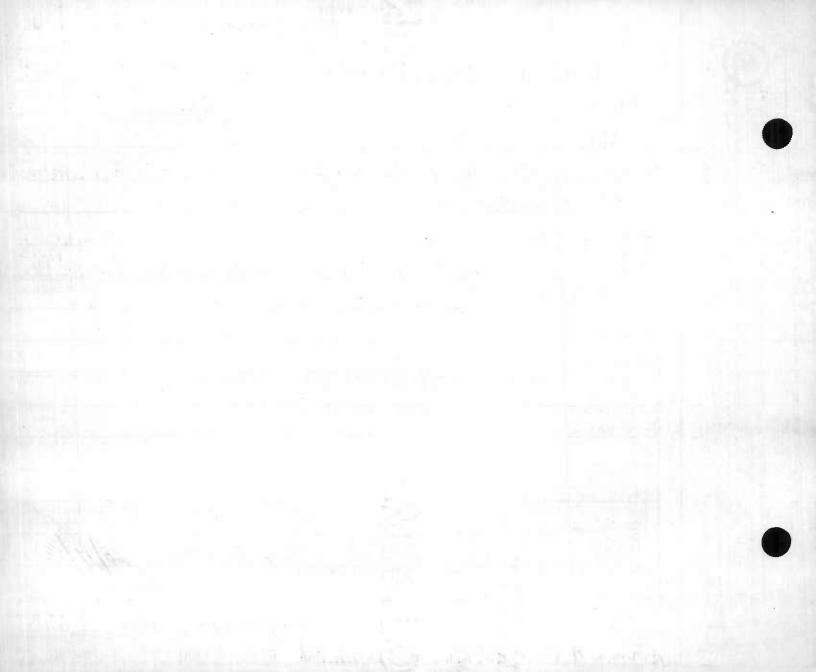
	-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.	
		CALV CALV	in Henry	Palmer	2. DATE OF DEATH	5 / 80	25. HOUR 8:4
3	SEX	Male	White	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 DAYS HOURS A
35		ATHPLACE (STATE OR FOREIGN)	U. S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEAT	IH .
0	Sa	lisbury	11. NAME OF HOSPITAL, NURSING	Dursing Home	120 USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFE) INDUS	YICUHUI
25	3a S	Md. Wor	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A TY 131. CITY OR TOWN	N YES NO D	13. STREET ADDRESS BYOAD	St.	
30		Harry E	Palmer	15. MOTHER'S MAIDEN NA FIRST Namey	Elizabe	th R	ayne
2			MED FORCES? 166 SOCIAL SECUR 216-07-2		er, 804Hills	ide Dr. Car	disle F
		PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), and b BY CAUSE (a)	which istan	hon	BETY	Than
		Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN	Ederater Lens	diase		420%
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN	NCE OF		/	
	NO.	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PAR	RT 1(a)
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAU YES	
10° A		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY	Y YEAR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PAR	RT 2}
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI	RM, ETC.) 21f LOCATION STREET	CITY OR TOV	wn COUNTY	Y STATE
		22a I certify that (I) (this hospital sow 1 ceosed alive on about 1 ceosed alive on a ceosed ali	oil) ottended the successed from 19	, and that in (my) (out) opinion	death occurred on the do	ote and hour and from	, that (I) (we in the couses state
		In Sill Al	ulily	ATTENDING PHYSICIAN	MEDICAL STAI	FF .	17/80
1		Earl M. Beards!		Rt. 508 Civ	ic Aug Sal	ishuru Md	
2	3a B (S	URIAL, CREMATION, REMOVAL PECIFY) BUYIA	010/00	AME OF CEMETERY OR CREMATORY 12 920 Cometery	Berlin	Wor	Mo
78	4 FU	NERAL DIRECTOR NAME	rlago & Williams	St. Berlin Ma	FR. 1 1 1980	256. REGISTRAR'S SIG	Macron

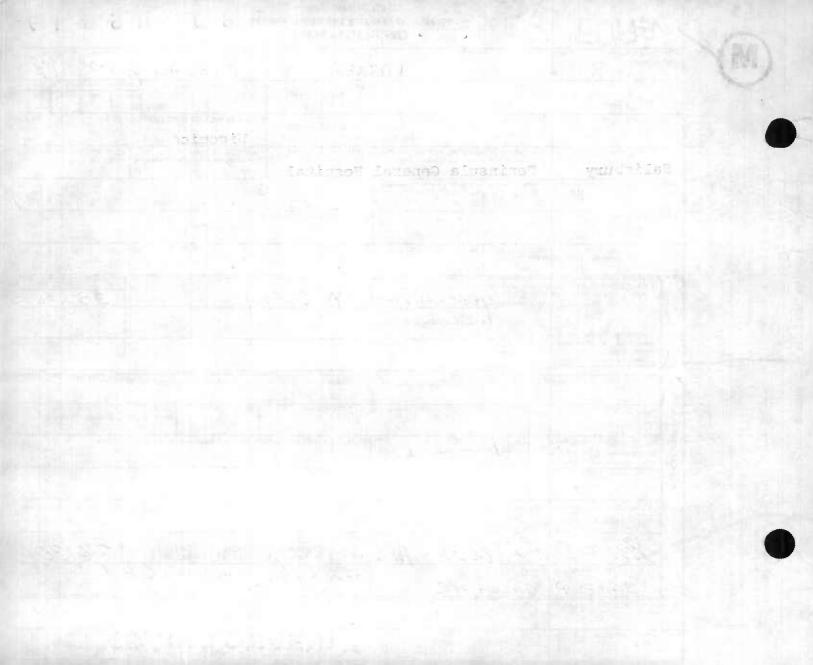
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

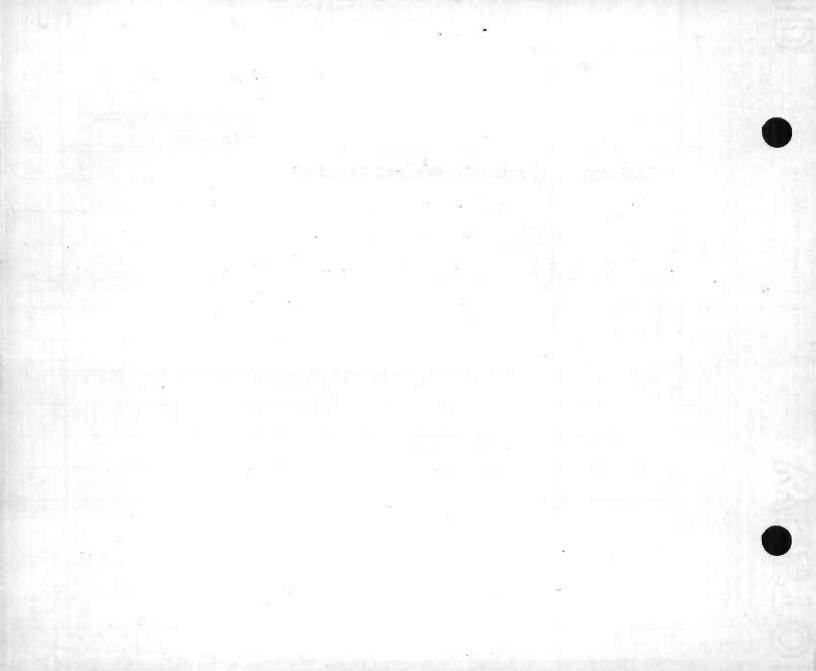
12b. KIND OF BUSINESS OR Agricutto

_, that (I) (we) lost





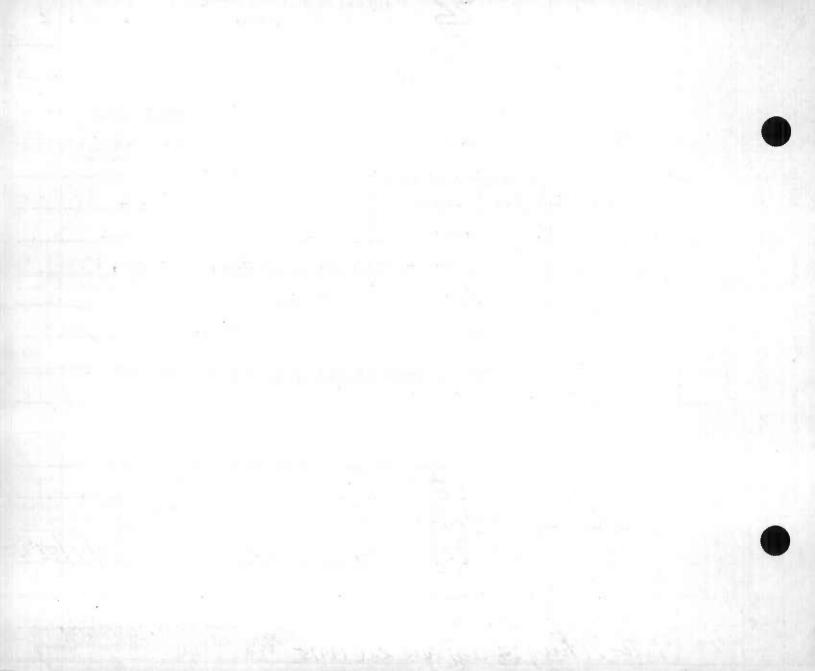
-/		FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	REG. NO	0555
/		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. H
		LARR	4 4.0	Parker, JR	February	19,1980 6
	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	AGE (IN YEARS LAST BIRT	MONTHS DAYS HOU
		ale	White	March 24, 1911	68	YRS.
9025	Sa	RTHPLACE (STATE OR FOREIGN OUNTRY) A Lisbury, Md	USA	MARRIED WINEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF WICOMICO	
87	10 C1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION EET ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
		alisbury		neral Hospital	Accountar	t Account
35	13a. S	STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEF JINTY 136. CITY OR TO OMICO Salis	WN 134 INSIDE CITY LIMITS?	130. STREET ADDRESS 415 Liber	rty Street
Scoring Community		ATHER'S NAME PRIST A T Y Tho	modue LAST Mas Parke	r, Sr Margie	Ellen	Kelley
medical	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEG		ADDRE	ss same as
y, or other troumotic	-	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ (b)		NAL DISEASE OR CONE	DITION GIVEN IN PART I (a)
njory.	ő	PART 2 OTHER SIGNIFICAN				
huo sm	TIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	200. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DIVERTING THE PROPERTY OF
S shows only	CAL CERTIFICATION		196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH	21c HOW INJURY OCCURR	YES NO	IN CERTIFYING CAUSES OF D
ou C	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	YES NO	IN CERTIFYING CAUSES OF D YES NO YES (NO PART 2)
If Nem 21 is marked or Nem 18 shaws any		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, MOTBY MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE AT WORK AT WORK 270 1 certify that (1) (this has	196 CONDITION FOR WHICE 216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY	DAY YEAR 19 211 LOCATION STREET , and that in (my) (our) apinion d DEGREE ATTENDING	YES NO CENTER NATURE OF INJUR CITY OR TOW The control of the day MEDICAL STAF	IN CERTIFYING CAUSES OF D YES NO YES
If hem 21 is marked or hem 18 shaws any		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFE EITHER, MOTHY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK AT WORK AT WORK 270.1 certify that (1) (this has sow the deceased alive above, (1) (we) TOTAL (did 27b). SIGNATURE	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE pitol) attended the deceased from into the property of the property of the poly of the pol	DAY YEAR 19 211 LOCATION 51REET , 19 , and that in (my) (our) apinion of DEGREE ATTENDING PHYSICIAN 220 ADDRESS	YES NO CITY OR TOWN CITY OR TOWN to Courred on the do MEDICAL STAF DIRECTOR PHYSIC	IN CERTIFYING CAUSES OF D YES NO YIN ITEM 18, PART 1 OR PART 2) N COUNTY 19, that (Ite and haur and from the cause 22c DATE SIGN FIAN
H Hem 21 is marked ar Hem 18 shaws any	WEDICAL 239 E	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK SOW the deceased alive or above, (I),(we)TGTO; (did 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE NEW NO. S. W. S. W	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21a PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFIC 10 pital) attended the deceased from 11 pital) view the bady after death. OR PRINT)	DAY YEAR 19 211 LOCATION STREET 19 211 LOCATION STREET 19 211 LOCATION STREET 19 212 LOCATION STREET 19 213 ATTENDING PHYSICIAN	YES NO CITY OR TOWN CITY OR TOWN CITY OR TOWN MEDICAL STAF DIRECTOR PHYSIC	IN CERTIFYING CAUSES OF D YES NO YIN ITEM 18, PART 1 OR PART 2) N COUNTY 19, that (Ite and haur and from the cause 22c DATE SIGN FIAN
Hem 21 is marked at Hem 18 shaws any	WEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMINATION 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this has saw the deceased alive above, (1), (we) (Table) (did 220. SIGNATURE 220. PHYSICIAN'S NAME (1) PER CONTRIBUTION OF CIPETHER	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC In 10 OR PRINT) CORPRINT)	DAY YEAR 19 211 LOCATION STREET , and that in (my) (our) apinion of DEGREE MP ATTENDING PHYSICIAN 220 ADDRESS MEDICAL CEN C NAME OF CEMETERY OR CREMATORY ATSONS CEMETERY	YES NO CITY OR TOWN SALISBUL YES NO CITY OR TOWN SALISBUL YES NO CITY OR TOWN SALISBUL	IN CERTIFYING CAUSES OF D YES NO YES



1	
MARYLAND 21201	
N ST., BALTIMORE, N	
510	
DS, 201 W. PR	
4 OF VITAL RECORD	
DIVISION	

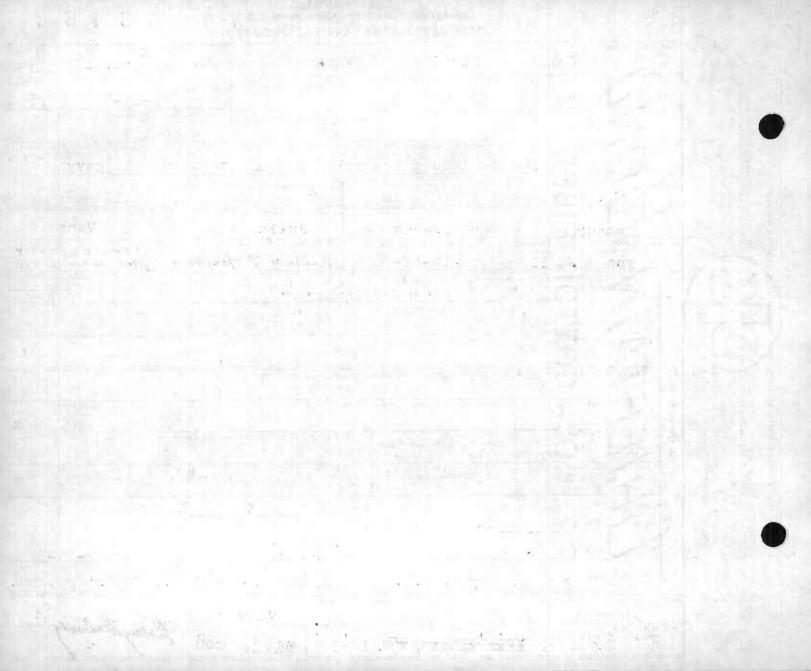
	١.	FOR STATE	DEF	ARTMENT OF H	OF MARYLAND	GIENE 8 ()	05	5 5 1
200	1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0	
		EASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY YE	EAR 26 HOUR 2
	[TIPE	ORPRINTI	E E.	Par	-Ker	Februar	y 24,198	0 4 7 M
A.	3 SE		4 RACE	5 DATE O		& AGE JIN YEARS LAST BIRT		
0		Female	WHITE	MONIA	14 1905	74	YRS.	OAYS HOURS MIN
9	7e BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8		1 BALTIMORE CITY O		TH
1/2		IVATION DEL	. U.S.A	WIDOWE	NEVER MARRIED DIVORCED	Wicomic		MD
5	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME O	R OTHER INSTITUTION	12ª USUAL OCCUPATE	ON 125 K1	IND OF BUSINESS OR
	Sa	alisbury	Peninsula (Seneral	Hospital	TET SECO	STORES INDUS	STRY
11	USU/	TATE THE NURSING HOME	PROTHER INSTITUTION, GIVE RESIDENCE INTY 13c CITY OF	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
6			SSEX MILL		YES NO		AST 3rd	1 Street
	14. FA	THER'S NAME			15 MOTHER'S MAIDEN NA	ME	1731 911	7 071 001
11		FIRST	MIDDLE		FIRST	MIDDLE		LAST
4	14. 1	TSAAC /AS DECEASED EVER IN U.S. A		SECURITY NO	SARAH	ADDRE	22	LYNCH
2		ES, NO OR UNKNOWN 1# YES, GI	VE WAR OR DATES]	SECORITINO	IN INCOMMENT HAS	BAND) ADDRE		
)		NO	332-	07-893	8 ROLAND	PARKER		S 13E)
		18 CAUSE OF DEATH (Enter of	nly one couse per line for (o), (bi, and ici.i	-	0	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY	- Den	zella Face	lus		Va-
1		4110		U	//			
		7027	DUE TO, OR AS A CON	SEQUENCE OF	600 07	- one	(ba
	-9	Conditions, if any, which gove rise to immediate	(b) (lo	uas Co	5/0		0	
		cause 101, stating the underlying cause lost	DUE TO, OR AS A CON	0 -	- alley So	ancarle	160	pe
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING			AINAL DISEASE OF CON	DITION GIVEN IN PA	PT 1(a)
Н	Z.	1.	Densel	1000	To meeting of the	III THE DISCUSE ON COTT	J. 1. 0. 1. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH ER RATIO	N WAS PERFORMED	20s AUTOPSY?	206. IF YES, WERE F	INDINGS USED
4	F		7	0			IN CERTIFYING CA	USES OF DEATH?
4	E				Tai	YES NO	YES 🗌	NO 🗌
9		OR CONTRIBUTING CAUSE OF D		H DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y-IN ITEM TB, PART I OR PAI	AT 21
	3	(IF EITHER, NOTIFY MEDICAL EXAMINE		19				
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET			
	2	WHILE NOT WHILE D	1 AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.	SIMEEL	CITY OR TOW	N COUNT	Y STATE
	- 1		Tell amounted the decree of		2-118:010	7 3	12000	, that (I) (we) last
		saw the deceased alive a	oitol) ottended the deceased f		d that in (my) (aur) opinion	death assured as the de		
	- 4	abave, (1) (we) (did) (did r	ot) view the body after death.			death occurred on the do		
		226. SIGNATURE	0		DEGREE			DATE SIGNED
3	-33	1/30	Fra		ATTENDING PHYSICIAN	MEDICAL STAF		120/50
1		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			7
/		0			LODGE & GREEN	21.12 272 V	ALIAN ALA	2.00/
	_	JOHN G. C.			LOCUST & QUINC		OURT MB	differ
	23a E	URIAL, CREMATION, REMOVA	L 236. DATE	ZJC NAME OF C	EMETERY OR CREMATORY	234 LOCATION CITY OF TOWN	COUNTY	STATE
		BURIAL	13/28/1580	ODD F	FLLOW CEM.	MILED	RDA	LADEL.
	24 FU	INERAL DIRECTOR	ADDRE		25e. DA1		256. RESTSTRATES SIG	mobready
19	1	OLLOWAY F. H.		is BuR	mb. F	ED & 1 1300	. /	
		VALUED / F. M.	1 . 171 074	17 27 61				

Solisbury Peninania General Hospital was at Supplied to the supplied of th The second secon



Salisbury Peninsula Seneral Forgitzl THE TORR SCHOOL SELVE

· K	FOR - STATE	DEPARTMENT C	FATE OF MARYLAND OF HEALTH AND MENTAL I		5 5 5 4
K	REGISTRAR		INER'S CERTIFICATE O	OF DEATH REG. N	10.
	DECEASED NAME FIRST TYPE OR PRINT) JAME	CS MARTIN	PAYNE	20 DATE KNOWN (OF ESTI- DEATH MATED [
S CO	RACE White	15. DATE OF BIRTH MONTH DAY YEAR 1 AST BIR 72		R 24 HRS. 2t. DATE	MONTH DAY YEAR 2d. HOUR
MITHER 32	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 11d	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	PRIED 9. BALTIMORE CITY Wicom:	OR COUNTY OF DEATH
1000	Salisbury	II. NAME OF HOSPITAL, NURSING HOTE NOT IN SUCH FACILITY, GIVE STREET ADDRESS DOA PONINSULA GOTONE INSTITUTION, GIVE RESIDENCE BEFORE ADM	eneral Hospit	FOR MOST OF WORKING LIFE)	PE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
RECOR	Nd. Som	or other institution, give residence before above Ity	N 13d INSIDE CITY LIMITS? YES ☑ NO ☐		iddle Marsh Far
SEIGN	FATHER'S NAME Arthur	MIDDLE Payne	15. MOTHER'S MAID FIRST Julia	AIDDLE 9.	Vane
	ves WW I	WAR OR DATES) 216-12-	7060 WILLIAM	7. HAMANN -	CHANCE - BOX 114 MARYLAND 21816
RIAL-TRANSIT PERMIT. P MENTAL HYGIENE, DIN OR REMOVAL.	PART I DEATH WAS CAUSE	TE CAUSE (0) PULMONA DUE TO, OR AS A CONSEQUENCE (b)	ry Emphysema		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH YOATS
A BUR AND ION,		(c)		ART 1 (a):	20. AUTOPSY?
56 J 1 E					YES NO IX
8 2 2 S	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		EAR	ED LENTER NATURE OF INJURY IN ITEM 18	9 PART 1 OR PART 2)
AGE	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
WITH THE	22a. I certify that I took charg death resulted from: Notus ACTUAL SIGNATUS	ge af the remains described obove, held a rol causes X, Accident ,	n Autopsy , Inspection Suicide , Homicide , TITLE (SPECIFY) M.D. Deputy	Undetermined monner	DATE SIGNED 2-26-80
AFTER DEATH, BALTIMORE, MA	EXAMINER'S NAME Ear]	L. Royer, M.D.	ADDRESS 409	Camden Ave.,	Salisbury, Md.
	BURIAL, CREMATION, REMOVAL (SPECIFY) DUTIAL FUNERAL DIRECTOR GREEN CONTROL OF CONTROL FUNERAL DIRECTOR FUNERAL DIRE	2/29/80 Beech	nne, Md. 250. DATE	23d LOCATION CITY OF TOWN PRINCESS A REC'D. BY REGISTRAR 25h 150	COUNTY STATE
7/73	eroy Webster,	一种无规则 为这些心脏发生。	#21853 MAF	3 1980	/ /



LIE TO THE RESIDENCE OF THE PARTY OF THE PAR Seliebury Ferinaula Ceneral Hospital BORNES OF STATE

19:50	,	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0 5 5 6
-		REGISTRAR EASED NAME FIRST	CERTIFICATE OF DEATH REG. NO. MIDDLE LAST ZR. DATE OF DEATH MONTH DAY YEAR ZB. HOUR.
(M)		MADEL.	INE B Finkett Hebruary 26 1980 12
rs a	3. SEX	FEMALE	RACE BLACK S DATE OF BIRTH MONTH DAY 18 1918 6 AGE (INYEARS LAS BRITHDAY) WONTHS DAYS HOURS MIN YRS.
neral dir 72 hour Ifled at c		RTHPLACE (STATE OR FOREIGN)	CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WICOMICO WICOMICO
by the fu		I lisbury	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS OF PORTION INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS OF PORTION INDUSTRY IT NAME OF HOSPITAL IZE KIND OF BUSINESS OF PORTION INDUSTRY IZE KIND OF BUSINESS OF PORTION INDUSTRY INDUSTRY IZE KIND OF BUSINESS OF PORTION INDUSTRY IN
filled in lad be file	USUA 13e S	TATE DENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE REPORE ADMISSION)
mpletely and 2 should be s	II FA	THER'S NAME AMES FIRST FS	STEWARD IS MOTHER'S MAIDEN NAME MIDDLE BOWL GASTU
ages 1 ar	16a W	VAS DECEASED EVER IN U.S. ARM ES. GODR UNKNOWN) 14 YES, GIVE V	ED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS VAR OR DATES) 212 16 7611 BPISCAE PINETH RELIGIONELE
oapers. P moval. c event,		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one couse per line for 101, (b), and 10 Millight Mighton 4 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
arbon p arbon p n, or rel		2030	DUE TO, OR AS A CONSEQUENCE OF Character Heart Facture
y the atte remove c cremation or other to		Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF SYSTEM
n signed been please to burial, y injury,	NO		ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10
te has bee bermit. Ti ene prior shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 107 IT YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
his certificat urial-transit p Mental Hygi d or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
fter he bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY [IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 21f LOCATION STREET CITY OR TOWN COUNTY STATE
ector: A or use as the of Health m 21 is ma		220.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not)	2/25 19 37 and that is (my) (aur) apinion death occurred an the date and hour and from the causes stated
AL DIRECTED TO THE DEPT. OF THE DEPT. OF THE DEPT. OF THE DEPT.		276. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2/26/80
TO FUNERAL hould be detact with the State IMPORTANT:		224 PHYSICIAN'S NAME ITYPE ORI	
TO FI should with	230	URIAL CREMATION, REMOVAL	1236. DATE 1980 ST. PAUL 1236 NAME OF CEMETERY OF CREMATORY STATE MT VERYON SOMERSET. M.D.

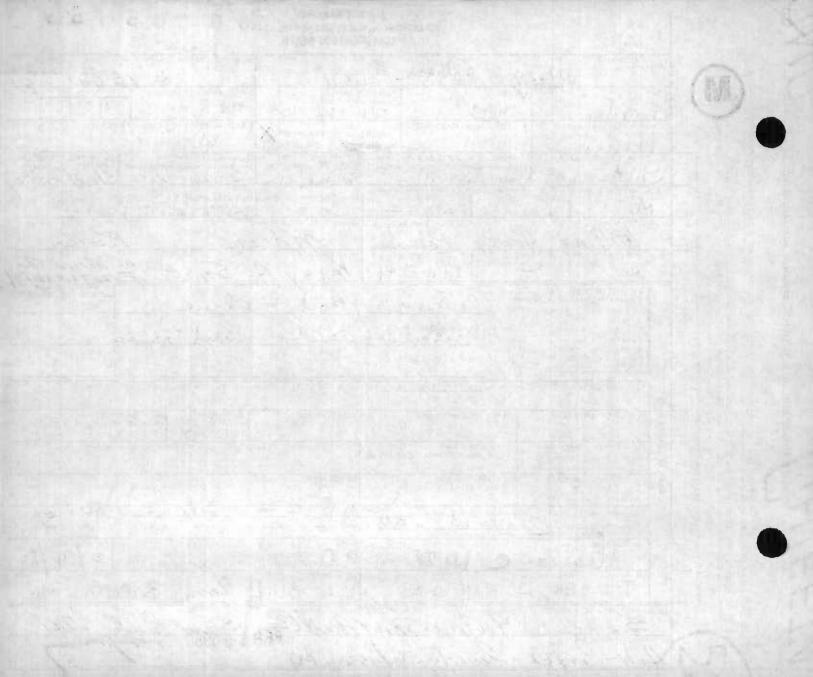
FINALL SILLS OF THE LAND Benirous Cereral Bosnital Housewife M.D. SONDERSETHICKERINON - X RELEGIETE FREEZERE MATINIS E STEMBED MAKE SIMES THE PARTY OF FIRE TO BE LANGE TO BE LANGE OF THE "Merelyth Heyden a Compating wast The South 31.25 Classer De Falcharde 3 1.1180 32, PALL DONE TO WEST WEST STORY ENGLISHED BESTON

STATE OF MARYLAND

THE COLUMN THE PARTY OF THE PAR Pertire Television 23 Me 1 Soldaning Teninguita Construct Constant

STATE OF MARYLAND

	1.	FOR STATE REGISTRAR	STATE OF MARYL DEPARTMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIE	REG. NO	0555	9
300		CEASED NAME FIRST OR PRINT)	A Catherine Powell RACE IS DATE OF BIRTH		O DATE OF DEATH M	2 13 80	2b HOUR M IF UNDER 24 HRS
8 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1	emple	White OT 16	YEAR	T2 BALTIMORE CITY OR	MONTHS DAYS	HOURS MIN.
量 18	C	LOUNTRY)	MARRIED LI NEVER	MARRIED	11.	nico	MD.
John Softer of the state of the	5	blishury (ver halk Manure Salshu		26 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE) 12b. KIND OF INDUSTRY	Factory
LAND 21:	13a S	TATE 136 GOUNTY	mico Galisbury YES B		30. STREET ADDRESS	St. Box 12	/
mary, mary	5	VAS DECEASED EVER IN U.S. ARMEI	WRY Powers 1	MALL	MIDDLE	Kelle	Ly
TIMOR be exected be exected by a second by		VAS DECEASED EVER IN U.S. ARMEI (IES, NO OR UNKNOWN) (IF YES, GIVE WA		15 y A.	- Smith	O W. MAI	in The
es that the death certificate red by the attending physical please remove carbonpaper unal, cremation, or removal.		Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (c)	of Fo	Heart D	S 802	nset and death
he law require on. hos been sign permit. Then permit. Then ene prior to but ones any injury	CERTIFICATION	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE		200. AUTOPSY? YES NOTA	206. IF YES, WERE FINDING IN CERTIFYING CAUSES C	
ON OF VITA TYSICIAN: The ding physicic conficute buriol-tronsit Mentol Hygic Mentol Hygic con frem 18 sho	MEDICAL CER	710. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY 21f. LOCAT		D (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2]	
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET		CITY OR TOWN	3 60	STATE
Pirto for of H		220.1 certify that (1) (this hospital) saw the deceased alive on above. (in (we) (did) (did not) vi	ew the body ofter death.	r) (our) opinion de	oth occurred on the dat	te and hour and from the c	
		27b. SIGNATURE			MEDICAL STAFF	AN DELLE	4/80
TO HOSPITAL (retained by the TO FUNERAL I should be dero with the Store E		THOM AS C	· Hill Dr Puie	Bluf	Road.	Solesleny	Md.
BP	L	DURING.	236 DATE 236 NAME OF CEMETERY OR Shad Pain	4 (03m	23d LOCATION	Point /	not
DHMH - 16 50M 7/77 (VR A 15 (4))	4	INERAL DIRECTOR	- Bound's Sofissory	mol 25F @ 15	RE CON MESSEE ARE 2	SHIPEOHETEARS SICHLOW	- Ju



- STATE

DHMH-16 20M (VRA 15, 4) 7/7B

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

HOURS

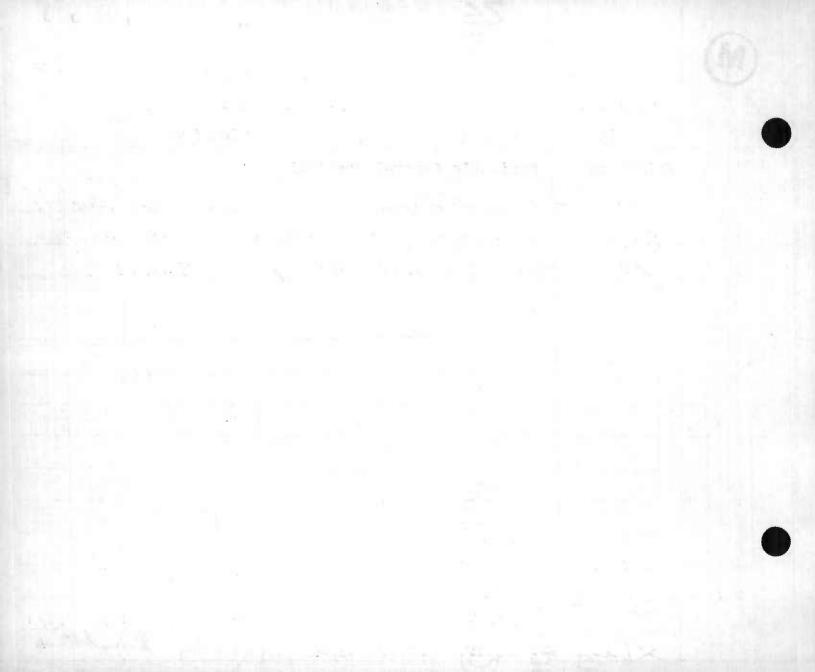
NO [

STATE

STATE

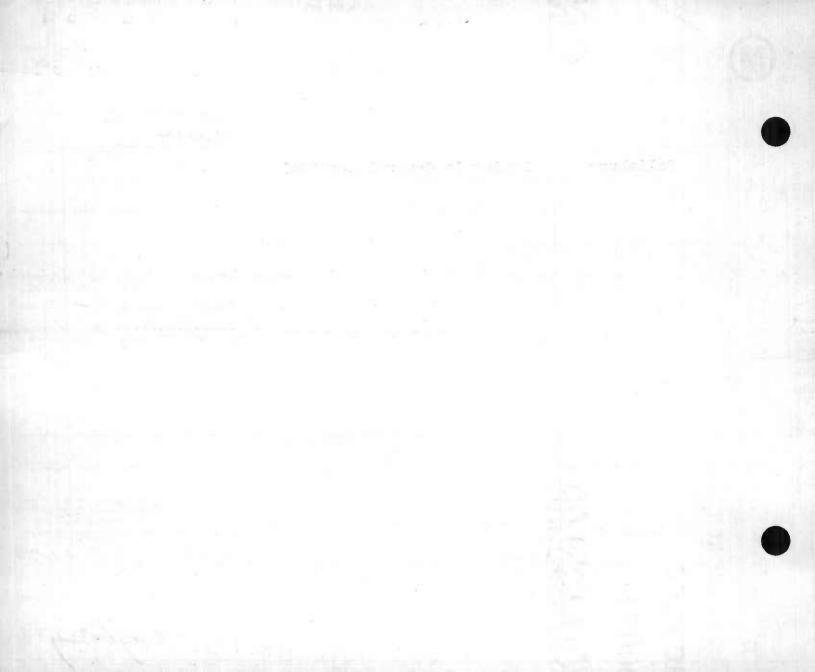
192

IF UNDER 24 HRS



TO HOSPITAL CITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deam Page 4 maj retained by the haspital or attending physician.

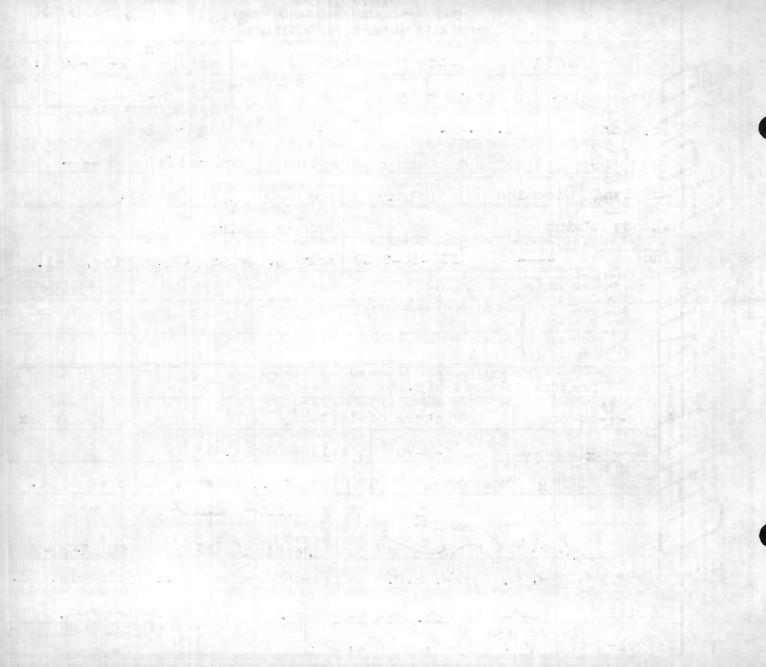
		CEASED NAME	FIRST	M	AIDOLE		LAST	Ze DATE	OF DEATH	MONTH D	DAY YEAR	Zh. HOL
	(TYPI	E ORPRINT)	Mary	E	llen	ρ	RICE		EBRUA		3.1980	10
	3 SE	х		4 RACE		S. DATE C	OF BIRTH	6 AGE (I	YEARS LAST BIRTH		IF UNDER I YEAR	# UNDER
	F	emale		Whit	е	Jan		6	1	YRS.	MONTHS DAYS	HOURS
of once.	C	irthplace (States	OR FOREIGN	76 CITIZEN OF V USA	WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED	D P BALTIA	Micomi	COUNTY	OF DEATH	
Sold in Sold i	Sa	alisbury	7	Penin	sula G	enera.	or other institution 1 Hospita	[TYPE OF W	ALOCCUPATE OREFORMOST OF USEWII	WORKING LIFE	E) INDUSTRY	of Busin
and all		ALRESIDENCE (# N STATE arvland		OTHER INSTITUTION, ITY	GIVE RESIDENCE BEFO		134. INSIDE CITY LIMIT		et address t. Luk	re Ro	a d	
- Je	_	ATHER'S NAME	MICC	MITCO	TI UI C.	Tallu	15. MOTHER'S MAIDEN		C. Lur	16 110	au	
JE 7/		Arthur		tin L	ockwoo	d. Sr	FIRST		Ann	Ī	ayfie	I d
0.	16a V	WAS DECEASED EV	ER IN U.S. AR	MED FORCES?	166 SOCIAL SEC			daught				
medical	N	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-18		Mrs. Syl	via A	Parso	ss Rt.		ox 1
event, the	-		ATH .	ly one couse per D BY:								XIMATE INTE
ather traumatic eve		Conditions, if a gave rise to couse (a), sta	IMMEDIAT	DUE TO, OR	AS A CONSEQUENCE	of t	Precioes	00	cal em	pyena		el
njury, or ather troumatic eve	NO	Conditions, if a gave rise to couse (a), sta	IMMEDIAT	DUE TO, OR	AS A CONSECU	UBLICE OF	Acute pneu	mococob Anun	1 pneu	monia	I CO	lel 101
ows any injury, or other troumofic eve	TIFICATION	Conditions, if a gave rise to cause (a), ste underlying co	IMMEDIAT	DUE TO, OR DUE TO, OR DUE TO, OR CONDITIONS CO	AS A CONSEQUENT RUBBUTING TO	UBLICE OF PRESE	Acute pneu	MOCOCO FRANKAL DISE	1 pneu	IMONIS ILION GIVE 20b. IF YES, IN CERTIFY	ce	INGS USE
shaws any injury, or ather traumatic	CERTIFICATION	Conditions, if a gove rise to couse 101, stunderlying co	IMMEDIAT Iny, which immediate bring the use lost IGNIFICANT C ARATION UNDERLYING	DUE TO, OR DUE TO, OR DUE TO, OR CONDITIONS CO	AS A CONSEQUENT RESULTING TO	DEATH BUT	Acute pneu	MOCOCO JERMINAL DISE 200 AL YES	ase or conditions y?	IMONIS ZOB. IF YES, IN CERTIFY YES	EN IN PART 1 WERE FIND YING CAUSE S	INGS USE
18 shows any injury, or ather froumatic		Conditions, if or gove rise to couse 101, stunderlying co	IMMEDIAT Iny, which immediate by the use lost of the use lost of the use lost of the use of the us	DUE TO, OR DUE TO, OR DUE TO, OR CONDITIONS CO	AS A CONSEQUENT REPORT FOR WHICH	DEATH BUT	Acute pneu NOT RELATED TO THE	MOCOCO JERMINAL DISE 200 AL YES	ase or conditions y?	IMONIS ZOB. IF YES, IN CERTIFY YES	EN IN PART 1 WERE FIND YING CAUSE S	INGS USE
or hem 18 shows any injury, or other traumatic	MEDICAL CERTIFICATION	Conditions, if a gove rise to couse (a), is underlying co PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY MI) 21d. INJURY OCC	IMMEDIAT Iny, which immediate ating the use last IGNIFICANT C RATION UNDERLYING CAUSE OF DEA	DUE TO, OR DUE TO, OR 10) 196 CONDITIONS CO 196 CONDITIONS AA HOUR AA 216 PLACE C	AS A CONSEQUENT RESULTING TO	DEATH BUT THOPERATIO DAY YEAR 19	Acute pneu NOT RELATED TO THE	MOCOCO JERMINAL DISE 200 AL YES	ase or conditions y?	TOD. IF YES, IN CERTIFY YES Y IN ITEM 18, PA	EN IN PART 1 WERE FIND YING CAUSE S	INGS USE
18 shows any injury, or ather froumatic		Conditions, if or gove rise to couse 10), sit underlying co PART 2 OTHERS 210. ACCIDENT WAS OR CONTRIBUTING [FEITHER, NOTHY MI 21d. INJURY OCC AT WORK NOTHER OF CONTRIBUTING 21d. INJURY OCC AT WORK NOTHER OF CONTRIBUTING 21d. CEPTHY that	IMMEDIAT Iny, which immediate poing the use lost IGNIFICANT C CAUSE OF DEA DICAL EXAMINER UNDERLYING CAUSE OF DEA LOCAL EXAMINER WORK ITHIN COSPIL	DUE TO, OR DUE TO, OR ED ONDITIONS CO 196 CONDIT TH 216 PLACE C (AT HOME, STRE	AS A CONSEQUENT RESULTING TO	DEATH BUT THOPERATIO DAY YEAR 19 15, FARM, ETC.)	Acute pneu NOT RELATED TO THE N WAS PERFORMED 21t. HOW INJURY OC 21t LOCATION STREET	MOCOCOL	ASE OR CONC ASE OR CONC ITOPSY? NATURE OF INJURY	1200 IF YES, IN CERTIFY YES	EN IN PART 1 WERE FIND YING CAUSE S COUNTY	NGS USES OF DEA!
or hem 18 shows any injury, or other traumatic		Conditions, if or gove rise to couse iol, strunderlying compared to the couse of th	IMMEDIAT Iny, which immediate during the use lost IGNIFICANT C RATION UNDERLYING CAUSE OF DEA DICAL EXAMINER; URRED T WHIE IT HIS ROSPIT	DUE TO, OR DUE TO, OR ED ONDITIONS CO 196 CONDIT TH 216 PLACE C (AT HOME, STRE	AS A CONSEQUENT RESERVENCE TO THE PROPERTY OF	DEATH BUT DAY YEAR 19 E, FARM, ETC.)	Acute pneu NOT RELATED TO THE N WAS PERFORMED 21t. HOW INJURY OC 21t LOCATION STREET 19 d that in (my) (our) op	MOCOCOL	ASE OR CONC ASE OR CONC ITOPSY? NATURE OF INJURY	1200 IF YES, IN CERTIFY YES	WERE FIND YING CAUSE S COUNTY	INGS USES OF DEAT
Tiff them 21 is marked at them 18 shows any injury, at ather traumatic		Conditions, if a gove rise to couse (0), is underlying co PART 2 OTHER S 190 DATE OF OPE 210. ACCIDENT WAS OR CONTRIBUTING [(# EITHER, NOTHEY MI 21d. INJURY OCC WHILE NOTHEY MI 21d. INJURY OCC WHILE AT AT A TOWN THE DECORATION OF THE MINE OF	IMMEDIAT Iny, which immediate during the use lost IGNIFICANT C RATION UNDERLYING CAUSE OF DEA DICAL EXAMINER; URRED T WHIE IT HIS ROSPIT	DUE TO, OR DUE TO, OR DUE TO, OR CONDITIONS CO 196 CONDIT TH HOUR A.A. P.A. 216 PLACE C (AT HOME, STRE	AS A CONSEQUENT RESERVENCE TO THE PROPERTY OF	DEATH BUT DAY YEAR 19 E, FARM, ETC.)	Acute pneu NOT RELATED TO THE IN WAS PERFORMED 21t. HOW INJURY OC 21t. LOCATION STREET 19 dd that in (my) (our) op: DEGREE	TERMINAL DISE 200 AL YES CURRED (ENTER	ASE OR COND ASE OR COND ITOPSY? NATURE OF INJURE CITY OR TOWN	TOOL IF YES, IN CERTIFY YES YIN TEM 18. PA	WERE FIND YING CAUSE S COUNTY	NGS USES OF DEA!
U.T.: If hem 21 is marked or hem 18 shows any injury, ar ather traumatic		Conditions, if or gove rise to couse iol, strunderlying compared to the couse of th	IMMEDIAT Iny, which immediate puting the use lost IGNIFICANT C CAUSE OF DEA DICAL EXAMINER) URRED TWHILE WORK (this hospit sosed alive on e) (did) (did not	DUE TO, OR DUE TO, OR DUE TO, OR CONDITIONS CO 196 CONDITIONS THE OF HOUR A.A. P.A. 216 PLACE C (AT HOME, STRE	AS A CONSEQUENT RESERVENCE TO THE PROPERTY OF	DEATH BUT DAY YEAR 19 E, FARM, ETC.)	Acute pneu NOT RELATED TO THE IN WAS PERFORMED 21t. HOW INJURY OC 21t. LOCATION STREET 19 He shot in (my) (our) opp DEGREE ATTENDIN PHYSICIA	TERMINAL DISE 200 AL YES CURRED (ENTER ADDICATE MEDICATE MED	ASE OR CONCEDED TO THE PROPERTY OF TOWN	200. IF YES, IN CERTIFY YES Y IN ITEM 18. PA	WERE FIND YING CAUSE S COUNTY	INGS USES OF DEAT
or hem 18 shows any injury, or other traumatic		Conditions, if a gove rise to couse (0), st underlying co PART 2 OTHER S 190 DATE OF OPE 210. ACCIDENT WAS OR CONTRIBUTING [48 EITHER, NOTHY MI 214 INJURY OCC WHILE AT AT 224 Certify that Sow the dece obove, (1) (we) 225 SIGNATURE	IMMEDIAT Iny, which immediate bring the use lost IGNIFICANT C CAUSE OF DEA DICAL EXAMINER UNDERLYING CAUSE OF DEA ON THE CAUSE OF DEA (THIS ROSPIT WORK IN THE CONTROL OF THE CO	DUE TO, OR DUE TO, OR DUE TO, OR CONDITIONS CO 196 CONDITIONS THE OF HOUR A.A. P.A. 216 PLACE C (AT HOME, STRE	AS A CONSEQUENT RESERVENCE TO THE PROPERTY OF	DEATH BUT DAY YEAR 19 E, FARM, ETC.)	Acute pneu NOT RELATED TO THE N WAS PERFORMED 21t. HOW INJURY OC 21t. LOCATION STREET 19 THE THOUGH THE PHYSICIA ATTENDIN PHYSICIA	TERMINAL DISE 200 AL YES CURRED (ENTER MEDICAL MEDICAL QUINCY QUINCY	ASE OR CONCESTOR OF INJURY OR TOWN	200. IF YES, IN CERTIFY YES Y IN ITEM 18. PA	WERE FIND YING CAUSE S COUNTY	INGS USES OF DEAT



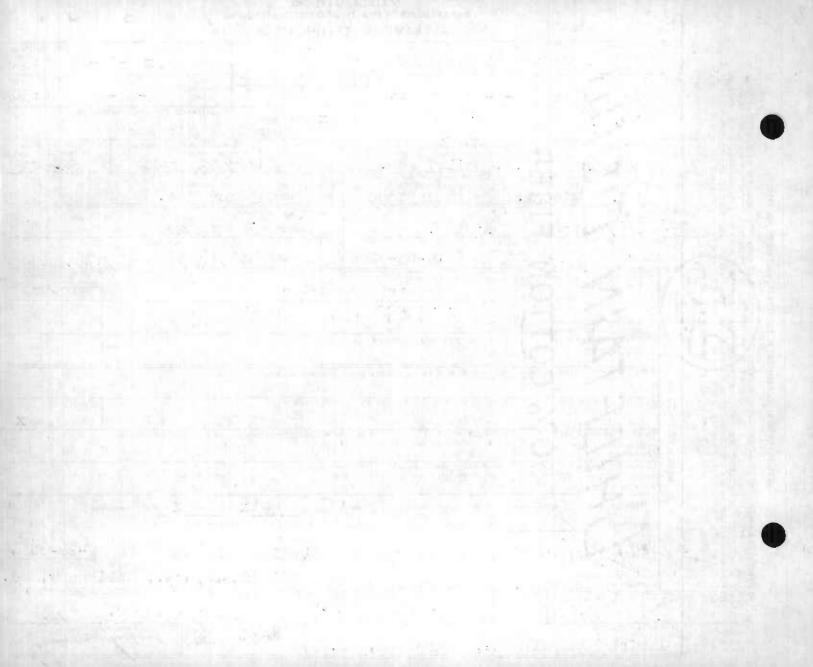
		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0 5 5 6 2
. /		- STATE REGISTRAR	CERTIFICATE OF DEATH
4		DECEASED NAME FIRST	REG. NO. MIDDLE LAST ZO DATE OF DEATH MONTH DAY YEAR ZO HOUR.
8 WE		PE OR PRINTI	1 PUP 11 -11 Free 10 1 1900 100
nay be page 3	1	Clarence	RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24
or, p	1,	Mala	MONTH DAY YEAR OLL MONTHS DAYS HOURS MI
Page irect	-	rale	Negro Hor. 20 1883 77 vrs
al d	10	BIRTHPLACE (STATE OR FOREIGN TOUNTRY)	CITIZEN OF WHAT COUNTRY?
in 7.	3	1'14.	WICOMICO WICOMICO
the fur within	0		1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF PUSINESS (TYPE) WORK FOR MOST OF WORKING LIFE! INDUSTRY
tst eev	U		Peninsula General Hospital Fire Work For Most Of Working Life INDUSTRY Chet
24 hc ed in be fil	U:	UAL RESIDENCE (IF NURSING HOME OR OT STATE COUNTY	THER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION Y 134 CLTY OR TOWN 134 INSIDE CITY LIMITS? 130 STREET ADDRESS
thin y fills	5	I'd Word	cester Stock-ton YES & NO 10. Bx, 24
ex shell w	14	FATHER'S NAME	DOLE LAST I IS MOTHER'S MAIDEN NAME MIDDLE LAST
omple and and	0	James	5. Furnell Hester
a o o	7 160	WAS DECEASED EVER IN U.S. ARME	
Pages		No -	- 213-01-7/8/Clarence E. Kurnell Phila. ta. 19146
ficati ysicia pers. oval.			ane cause per line for (a), (b), and (c)
ph pal		PART I. DEATH WAS CAUSED I	
ath c ding ding or r or r		410-	DUE TO OR AS A CONSEQUENCE OF
e de de tren tren tren tren tren tren tren tre		Conditions, if any, which	Acute Min Carller minder
the at move emati		gave rise to immediate cause (a), stating the	Shirt to on its a conficultance of
by a se re se re se, cr		underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF may artery 23.
gned plea buria		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART TO
w red	2		Garaneen left for
ne faw is bee nit. Th prior ws an	2 NOTA DISTORDED	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
V: The te has be permit iene pr	7 \$		YES NO YES NO YES NO
HAP Tica Ifica Insit Hyg In 18	7 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
PHYSICIA ng physicia this certifi urral-trans Mental H	/ 3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR
this our and or	MEDICAL	214 INJURY OCCURRED	21 PLACE OF INJURY 211 LOCATION
DING PHY trending pl After this s the burial th and Mer marked or	3	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
		22a.1 certify that (I) (this hospital	that of the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
ENDI r atte IR: A e as t ealth is m			19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
E O O SI E		saw the deceased alive on	, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
ATTI ital o CTO or us of H		obove, (I) (we) (did) (did not) s	view the body ther death. DEGREE 270. DATE SIGNED
e hospital of the DIRECTO Ched for us Dept. of H		obove, (1) (we) (did) (did nat)	DEGREE 271. DATE SIGNED
ITAL SA ATTI y the hospital of y the hospital of RAL DIRECTO detached for us tate Dept. of H		obove, (1) (we) (did) (did nat)	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D
ITALON ATTI		obove, (I) (we) (did) (did not). 226 SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D
ITAL SA ATTI y the hospital of y the hospital of RAL DIRECTO detached for us tate Dept. of H		226 PHYSICIAN'S NAME ITYPE OF PH	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN COIRECTOR PHYSICIAN COIRECTOR PHYSICIAN PHYSICIAN COIRECTOR PHYSICIAN COIRECTOR PHYSICIAN COIRECTOR PHYSICIAN COIRECTOR COIRE
TO HOSPITALOR ATTI retained by the hospital of TO FUNERAL DIRECTO should be detached for us with the State Dept. of H IMPORTANT: If Item 21	122	obove, (I) (we) (did) (did not). 226 SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYSI
ITALON ATTI	22	226 PHYSICIAN'S NAME ITYPE OF PH	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRE

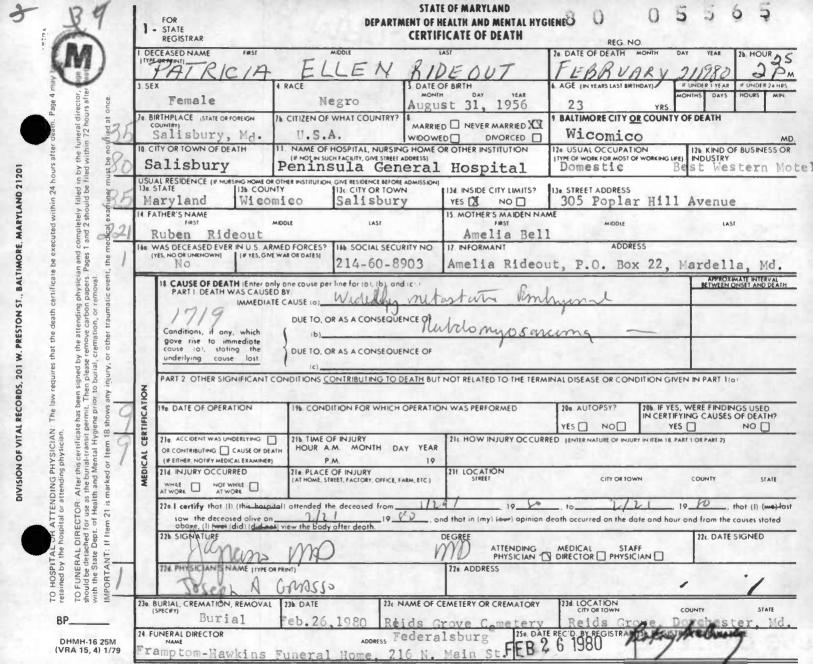
Corrected the Hard Market Marie - Neuro Bhandres - H Estimate Peninsula Conservat Mongates Conservation ML Million Cabrilland a market and a Million and a Million and a Million and a market and a mark James III The Turnell Hester II TO A WAY A WAY AS Na Carte State Charles Charles Chilage Chilage Darried 13-2-20 Home and find the stock by Mor. Service of the servic

1-s	FOR STATE		STATE OF N RTMENT OF HEALTH L EXAMINER'S C	AND MENTAL H		0 5	56	3
	REGISTRAR CEASED NAME FIRST	MEDICA		EKTIFICATEO		REG. NO.		
	E OR PRINT)			SEY	OF	KNOWN X MO	2-27-80	16. HOL
3. SEX	male White	5 DATE OF BIRTH MONTH DAY 10 11 188		DER 1 YR. IF UNDER 2	MIN PRONOUNDEAD	NCED OF	-80 19	
7a. BIR	RTHPLACE (STATE OR REIGN COUNTRY)	U. S. A.	UNTRY? 8. MARRI WIDOW	9.0			DUNTY OF DEATH	M
) IO CIT	ty or town of DEATH	11. NAME OF HOSPITAL, P (IF NOT IN SUCH FACILITY, GN Peninsula	General Ho		FOR MOST OF WOR HOUSEV	RKING LIFE)	ORK 12b. KIND OF I	BUSINESS
13a, ST	RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUN' WICC		nce before admission) ITY OR TOWN Delmar	13d INSIDE CITY LIMITS? YES 100 [13e STREET ADDRE	Pine St	•	
Th	homas Adkins	MIDDLE	LAST	15. MOTHER'S MAIDER Fannie A	M	IDDLE	LAST	
(YES	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES)	00 OCIAL SECURITY NO. 1-18-6639	Mary E.	Graef	Ocean V	liew. De	1.
	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	DBY: OE CAUSE (a) ASC (b) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO	DONSEQUENCE OF				BETWEEN ON	ATE INTERVAL SET AND DEATH
NOIL		e of left h	nip.		[] (a).			
TIFIC	2-4-80	1% CONDITION FO	20. AUTOPS					
3	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MON DEATH P.M. 2	1 DAY YEAR 2-80	Fell at h		JURY IN ITEM 18 PART 1	OR PART 2)	14.8
MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK	210 PLACE OF INJU STREET, FACTORY, FARA OWN hor	A, ETC.)	Pine St.	, Delma	r, Su	COUNTY SSEX	De . STATE
	22a. I certify that I taak charge death resulted fram: Native			y Inspection , Hamicide , TITLE (SPECIFY)	Undetermined mo	onner,	ny apinian	8-80
	ACTUAL SIGNATURE	10,20	M	.D. Deputy	MEDICAL EXAM	AINER SI	ATE SONED 2-28	
	SIGNATURE	l L. Royer	MD	ADDRESS 409 C			lisbury	

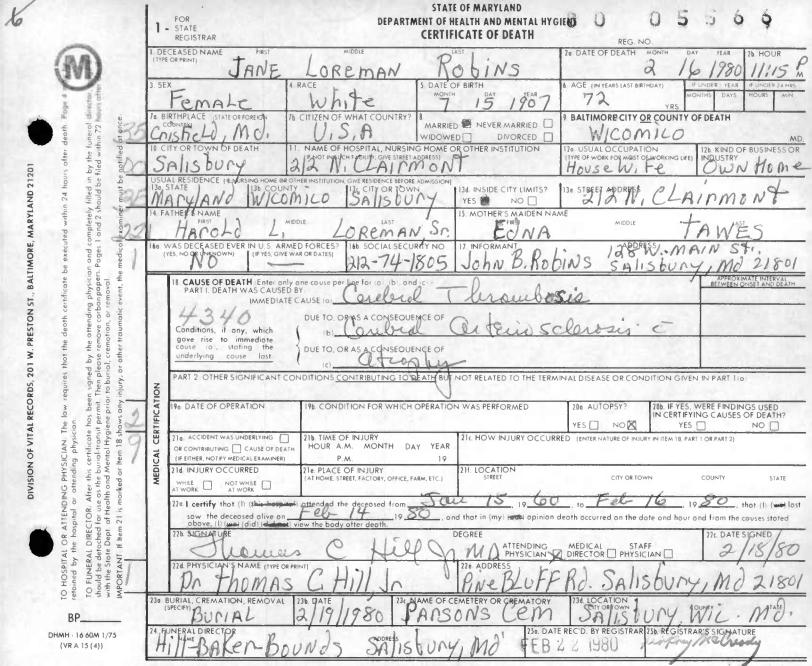


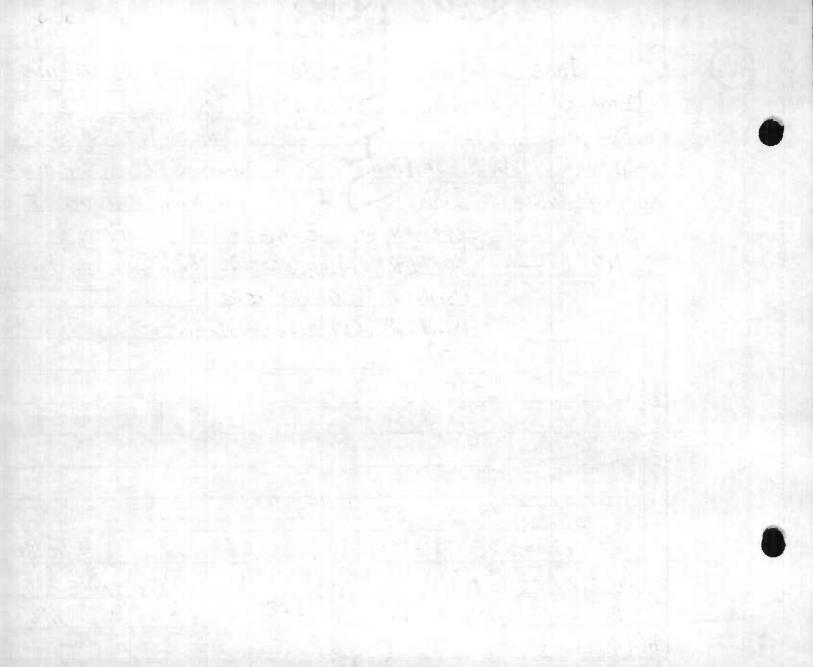
		500					ATE OF M					0	150	-0	4	12
17.77	1-	FOR STATE REGISTRAR				MENT OF						į,	3	13	0 4	1
A 11 THE	I DE	CEASED NAM	E FIRST	74121	MIDDLE	LAAMII		LAST	CAIL	OF DEA		REG. I		H DAY	YEAR	
) -	ITY	E OR PRINT!	JAM	ES SYL	VEST	rer -		DES			20. DATE I OF DEATH	ESTI- MATED	□ MONT	23-8	Q E	3:30
NECESSARY PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS.		(4. RACE	I DATE OF BIRTH								MONTH	DAY	YEAR	2d. HOU	
		Male	White	4-4-17	YEAR	62	(RS.	S DAYS	HOURS	MIN.	PRONOUN DEAD	CED	2-24	-80	19	3:39
1	7a. B	RTHPLACE IS	STATE OR	76. CITIZEN OF WI	HAT COU	VIRY?	8. MARRI	D X NE	VER MAR	RIED	9. BALTIM	ORE CITY	OR COU	NTY OF DE	ATH	
9		111	P.	6/2	5/1		WIDOW		DIVOR		W	licon	mico			MD
-	10 C	TY OR TOWN	OF DEATH	11. NAME OF HOS				RINSTITU	TION	12e. USU	JAL OCCUP		YPE OF WOR	12b. KIN	D OF BUS	
)	S	harpt	own	J.V. We	lls	Inc				WH	1764	MA	1	26	me	36/2
1		AL RESIDENCE TATE	13b COUN	OR OTHER INSTITUTION, GI	13c. CIT	Y OR TOWN		13d INSIDE C	ITY LIMITS?	13e STR	EET ADDRES	SS				
1		Md.	Wico	mico	Sha	arpto	wn	YES 🗌	NO [P	ark A	ve.	7. 1	A 1735 S		
10.	14. F	ATHER'S NAM	E	MIDDLE ()		LAST		15. MOTH	ER'S MAIL	DEN NAME	, /MI	DD1E		LA	AST	
6		2/7	MES	K401	DES			1111	40	1E	NE	46	0.10			
	16a. \	VAS DECEASE ES, MO OR UNKNI	DEVER IN U.S. AR	MED FORCES?		CIAL SECURI		17. INFOR	MANT	11	P	ADDRES	SS			
		1/25	Will	11	1511	1-03-	5208	100	155	14.	1/4	THE:	5 -	Heles	27000	10/
		II CAUSE C	OF DEATH (Enter or EATH WAS CAUSE	nly ane cause per line	far (a), (b), and (c).)								BETWE	ROXIMATE EN ONSET	AND DEATH
	H	1/1		TE CAUSE (a)		ronar	V	Lusi	.on					[1]	IIIu	<i>,</i> es
		41	0 =		AS A COI	NSEQUENCE	OF									
H		gave r	ins, if any, which ise to immediate	(b)						100						541
	1/2	lying ca) stating the <u>under</u> use last.	DUE TO, OR	AS A CO	NSEQUENCE	OF									
				(c)												
	Z	PARI 2 UINER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TER	MINAL DISEASE	OR CONDITIO	N GIVEN IN I	PART 1 lai.						
	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									-	20 AL	JTOPSY?			
2	FF														es 🗆	NO X
2	ER		AL CAUSE WAS	21b. TIME OF			21c. HC	W INJURY	OCCUR	RED (ENTER)	NATURE OF INJ	URY IN ITEM 1	18 PART 1 OR		.5	110 93
	ALC	UNDERLYING	G OR			DAY YEA	KR									
	MEDICAL	21d INJURY	OCCURRED	21e PLACE C	OF INJURY	(AT HOME,		ATION								
	*	AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, I	ETC.)	S	REET			CITY OR TOV	M		COUNTY		STATE
	TH,			- (A) (1.11				- Fabr		TX.	1:			11-5
2			1	ge of the remains des			Autaps		Inspecti		Inquiry		and in my	apinian		
		death result	ea tram: Natu	ral causes LXI.	Accident	□, S	uicide 🔲.	Hami		Undet	ermined ma	nner	,			
		ACTUAL	Sel	for .				-	SPECIFY)				DAT	E 2-	26-	80
7		SIGNATURE	THE	V			M.	D	July		ICAL EXAM			10		
6		EXAMINER'S	NAME NI) _ Earl	L. OROVE	2 1	M.D.		DDDEES	409	Cam	den A	Ave.	, Sa	lisb	ury	, Md
-	73a B		TION, REMOVAL			NAME OF CE		CREMATE	ORY	73d 1.C	CATION		-			
	(:	PEC 116	1/1/	7-27-81	0 6	DEIL	10/1/	11		CITY	OPSOWN	BUK	7/5	YTAUC	SIA	200
	24. P	UNERAL DIREC	CTOR	2-21-00		1-110	14/1		25a. DAN	AR BY	REGISTRA	25b. RE	GISTRAR'S	SIGNATU	35	
	U	Trich	Funera	1 Home,	Sha	rptow	n. Mo	1.	(40)	c na	1981	1	into	y/Ke	regol	40
						P 3 - W	,	-					-		1	



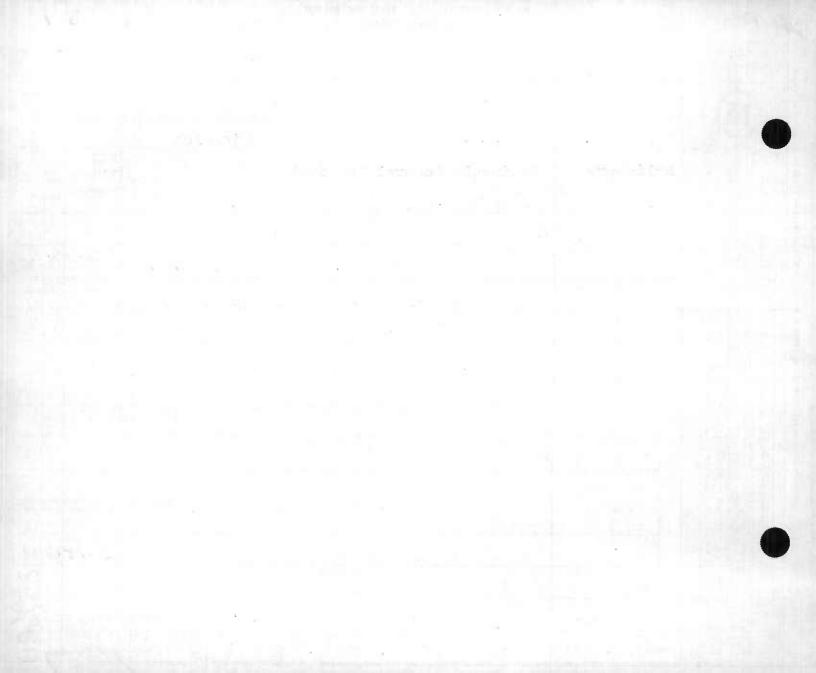


Of Comingonia Californ Perinaula Ceneral Hospital The second of th





212	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 5 5 6 7 CERTIFICATE OF DEATH REG. NO.									
Sec. 3		CEASED NAME FIRST OR PRINTIL EON	JAN	1ES	SAMP	LE	Tebruary 15, 1980					
	3. SE	Male	4 RACE	egro	S. DATE OF BIR MONTH Februa	TH DAY 11y 19, 192	4. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN		
133	Pa	RTHPLACE (STATE OR FOREIGN OUNTRY) inter, Va.	U.S		WIDOWED	NEVER MARRIED	Wicomic		OF DEATH	MD.		
OS the to	S	alisbury	Penins	HOSPITAL, NURSIN THEACHLITY, GIVE STREET BULA Gen	eral Ho		12e. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Truck Dri	OF WORKING LIFE	INDUSTRY	FBUSINESS OR On Truckin		
AND 212	13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO aryland Dor		GNE RESIDENCE BEFORE 13c. CITY OR TOW Rhodesda	N 13d. I	NSIDE CITY LIMITS?	13. STREET ADDRESS Rt. 1, Bo	x 122A				
MARYL makerely and 2 th		THER'S NAME FIRST Ernest Sample	MIDDLE	LAST		OTHER'S MAIDEN NA	MIDDLE		LAS	Ť		
medical medical		VAS DECEASED EVER IN U.S. / YES, NO ORUNKNOWN) YES WW.I	ARMED FORCES? INE WAR OR DATES!	219-14-		rs. Rebecea	ADDR Sample, Rt	MILOGI	esdale ox 122	Å, 21659		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN. The low requires that the death certi- oftending physician. Ifter this certificate has been signed by the offending post the buriol-fronsit permit. Then please remove carbon th and Mental Hygiene prior to buriol, cremation, or ren orked or them 18 shows any injury, are other froumatic ex-	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse lot, storing the underlying cause lost PART 2 OTHER SIGNIFICAN OLABETES 130 DATE OF OPERATION	T CONDITIONS CO	ONTRIBUTING TO D	LERGTIC DEATH BUT NOT 5 EVER	VASCUE RELATED TO THE TERM BY PERSIP	ARDIAC CAL AIR DISEASE OR COM HENRAL VA. 200 AUTOPSY?	NOTION GIVEN SCUL ARC	Y C	SAS OF		
NYSICIAN: The It HYSICIAN: The It dring physician is certificate has burial-transit per burial-transit per I Mental Hygiene or frem 18 shows	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	DEATH HOUR A.	OF INJURY M. MÖNTH DA M. OF INJURY	Y YEAR	HOW INJURY OCCUR	YES NO.	YES		но 🗆		
TENDI pitol or TOR. A for use of Heal	ME	WHILE AT WORK AT WORK 27a.1 certify that (1) (this has sow the deceased alive above. (1) (we) (did) (did	pital) attended the	e deceased fram	ARM, ETC.)	13 19 76	city or to	-15,15	and from the			
TO HOSPITAL retained by the hos TO FUNERAL DIREC should be detoched with the Stote Dept MAPORTANT: If them		220 SIGNATURE RUCLOULE 220 PHYSICIAN'S NAME (1YM) RICHARD				ATTENDING PHYSICIAN	MEDICAL STA	CIAN		15-80		
BP	23a. (BURIAL, CREMATION, REMOVA	reb. 1	Ne		ery or crematory Veterans C				Maryland		
DHMH-16 20M (VRA 15, 4) 7/78	Fr	JNERAL DIRECTOR Amp tom-Hawkins	Funeral	Home, 21	ederalsh 6 N. Ma	ourg 250 DA	FB 2 U 1980		AR'S SIGNAT	0		



- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEND

CERTIFICATE OF DEATH

The second of th

Home Delmar.

- STATE

REGISTRAR

24. FUNERAL DIRECTOR.

Marvel-Short Funeral

DHMH - 16 50M 7/77 (VRA 15 (4))

L DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

CERTIFICATE OF DEATH

LAST

REG. NO

26 HOUR

HOURS

17h KIND OF BUSINESS OR

LAST

YES [

COUNTY

22c. DATE SIGNED

STRAR'S SIGNATURE

APPROXIMATE INTERVAL

STATE

21801

IF UNDER LYEAR

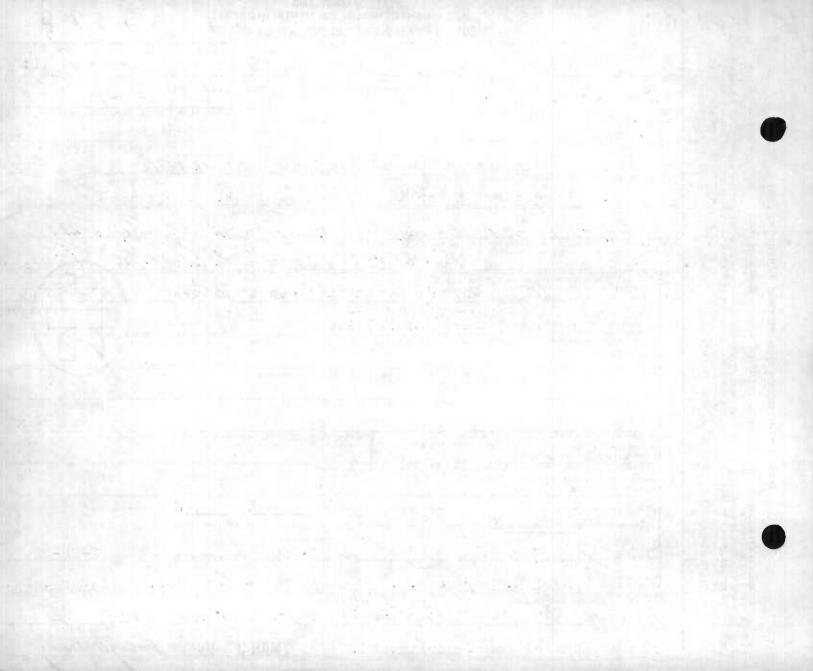
DAYS

20 DATE OF DEATH

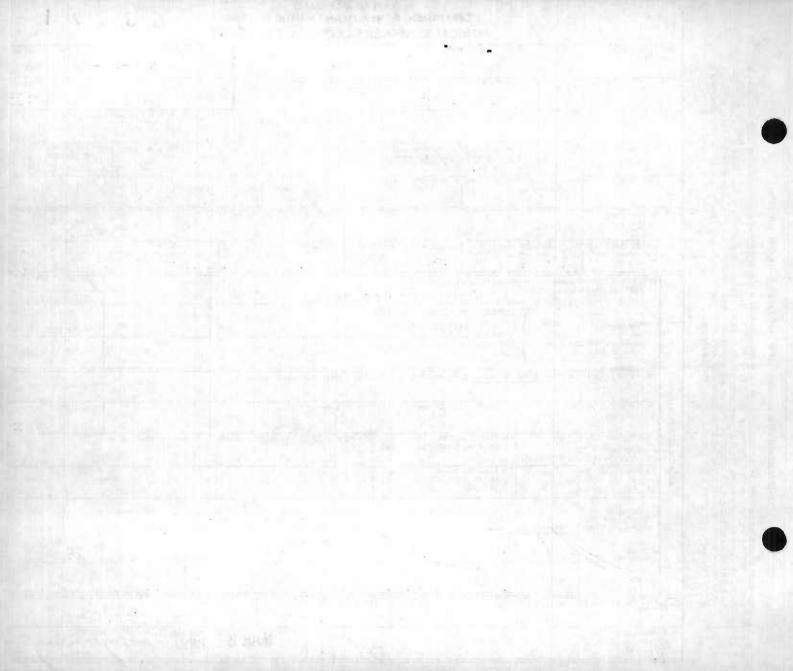
250. DATE REC'D. BY REGISTRAR 25b. REG

		•
COLUMN TO SERVICE OF THE SERVICE OF		
Towns S, Los Comes	1400	
THE REPORT OF THE PARTY OF THE		
and the second second		
	and the latter is often and the contract in	venda:Elec
	THE STREET STREET, STREET	
	tion at an in the same	
the second of the second secon		
The same of the sa		
Bourte Head Castery Littlemay, Mt 21801		
Not called the committee in the property of	TERRY THE WELL-BLACK IN CAR	

fr 4	1-	FOR STATE REGISTRAR				MENT OF	HEALTH	AND MENTA	17.3	4.1	C	5	5 7	0
英电电影		CEASED NAM	E FRST WAY		MIDDLE	.)		SENIG.	TO.	20. DATE OF	KNOWN ESTI- MATED	MONTH	DAY YEAR	26 HOUR 11:0,3.
AFT, PLEASE DIRECTOR OUR FALES DN STREET	3. SE	lale	* RACE White	5. DATE OF BIRTH	YEAR 15	6. AGE (IN YE) LAST BIRTHD	ARS IF UN	DER 1 YR. LIE LIN	NDER 24 HRS.	PRONOUI DE AL	NICED	MONTH 2-26-	DAY YEAR	
A LEGES SA L	FC	RTHPLACE (S		76. CITIZEN OF W	A P		WIDOW		ORCED	W	icom	ico	TY OF DEATH	MD.
7 7 7 7 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Sa	lisbu		Peninsu	ala G	reet address) enera	1 Hc	spital	120. US		RKING LIFE)	R	12b. KIND OF B OR INDUS	IRY UES
. 21201 2, F ANY DE 2, 2, AND 31 3. REPOULD BE	13a. S	TATE Md	. Word	rother institution, G ry cester	113c CITY (or town rlin	ON)		R	reet ADDR		ocean x 459	Pines	
TIMORE, MD]]]]]	VAS DECEASE	EVER IN U.S. ARA		SEL	AL SECURITY	5R.	15. MOTHER'S N FIRST 17. INFORMANT	2ABE	TH L	ADDRE	Office Contraction	With B	RLIN
N ST., 24 HOU TEM 18 FRMIT.		PART I DE	F DEATH (Enter onl ATH WAS CAUSED IMMEDIAT ons, if any, which se to immediate	E CAUSE (o)	hroni as a cons	c Cor	OF .	tive He	eart I	Tailu	re			et interval et and death nths
301 W. CUTED V. IN PEN IL EXAMI URIAL-TR ID MEN I, OR REV.	z	couse (a) lying cou	stating the under-	DUE TO, OR (c) CONTRIBUTING TO DEATH				OR CONDITION GIVEN	(N PART 1 (a).				1	
SHOULD BI SHOULD BI DRD "PEND CHIEF ME E. USED AS I OF HEALT	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR V	HICH OPER	ATION W	AS PERFORMED?					20 AUTOPSY	NO 🔯
BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICA RE 3 SHOULD BE USED AS A BE E DEPARTMENT OF HEALTH AN F REPRESSIONER OF LEEMENT O	MEDICAL CER	UNDERLYING CONTRIBUTII 21d. INJURY C	NG CAUSE OF D	P.A. PLACE	MONTH	DAY YEAR 19 (AT HOME,	21f. LOC	ATION	URRED LENTER	CITY OR TO			RT 2)	STATE
DIVI TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEL TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 PRI			fy that I taak charged from 1961 July	e of the remoins de	Accident		Autops	Homicide TITLE (SPECIF D. Depu	Y) <u>tу</u> мег	Inquiry stermined m	anner	DATE SIGNE		
BP	24. F	URIAL, CREMA	TION, REMOVAL 23	36. DATE 2-28-80	23c. N	AME OF CEA	AETERY OF	CREMATORY	ATTE REC'D, YE	OCATION Y OR TOWN ON CO	PRD AR 125h PRE	VILLE	NTY Ph	37g E
30M 7/73		TT1.TC	h Funera	AT HOME	Der.	والملط	riu.		MAR 3	198	UI a			7_



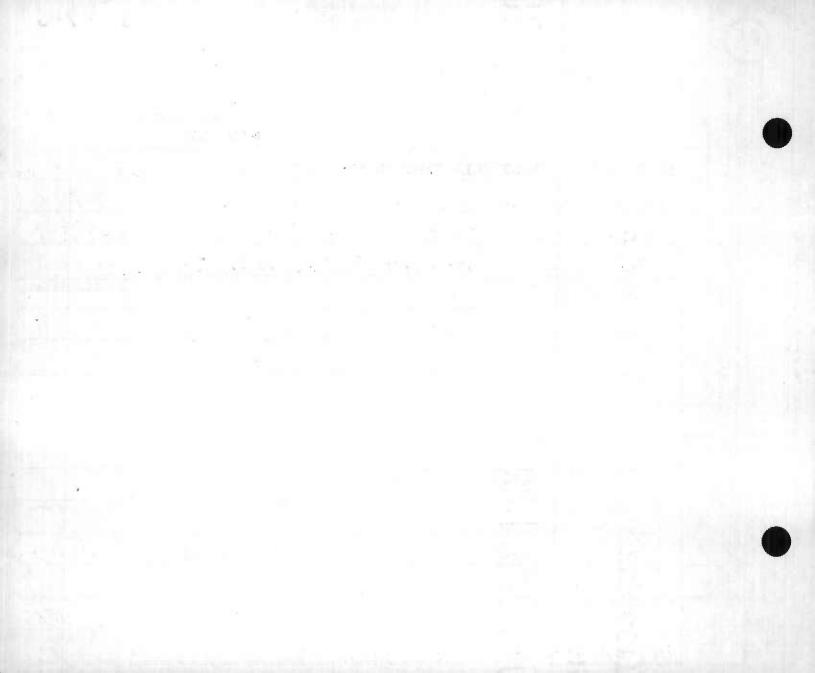
1-	FOR STATE REGISTRAR			DEPARTMENT OF		AND MENTAL			5 5	7 1
1. DE	CEASED NAME	FIRST	•	MIDDLE	LA J CE			REG. P	NO.	DAY YEAR 26. HC
	PE OR PRINT)	Clyde	Me	rriell	Sor	man	DI DI	OF ESTI-		
N 15E	X		DATE OF BIRTH	6. AGE (IN Y				DATE .	HTMOM	DAY YEAR 2d. H
M	ale	White	Sept. 2	6,1908 7	MONTHS	DAYS HOURS	MIN PRO	NOUNCED	Feb. 2	20
	IRTHPLACE (ST		b. CITIZEN OF WH		Tr	X NEVER MAR	9. BA	ALTIMORE CITY		- 17-
	oreign country)	а	USA		WIDOWE			VICOMIC	20	
10 C	ITY OR TOWN		11. NAME OF HOS	PITAL, NURSING HOM	E, OR OTHER	INSTITUTION	120 USUAL C	CCUPATION (T		NIND OF BUSINES
S	alisbu	ıry	417 E.	Vine Str	eet		Super	of working life)	-Meat	
10 C S USU. 130. S M	AL RESIDENCE	IF IN NURSING HOME OR (VE RESIDENCE BEFORE ADMISS		Bd. INSIDE CITY LIMITS?				
	arylan		mico	Salisbur	У	YES NO		I. Vine	Stre	et
	ATHER'S NAME		WIDGLE	LAST	Ī	5. MOTHER'S MAI	DEN NAME	MIDDLE		LAST
	ohn	Wesley		Serman		Lena				rris
()	ES, NO. OR UNKNO		AR OR DATES)	166 SOCIAL SECURIT	- 11	. INFORMANT		ADDRES		e.as 13
Y	es	WW _		719-10-7	039	Mrs. Ma	ary E.	Serman	(wif	e as 13 e)
	18. CAUSE OF	F DEATH (Enter only	5 V				- 1			APPROXIMATE INTERV.
	1/	IMMEDIATE	CAUSE (a)	oronary C		sion				sudden
113	410	s, if ony, which		AS A CONSEQUENCE	OF				100	
	gave ris	e ta immediate	(0)	SCVD						years
1		stating the under-	DUE TO, OR	AS A CONSEQUENCE	OF					
	lying cau	se 1031.								
			(c)							
z				OUT NOT RELATED TO THE TERM	WINAL OISEASE O	R CONDITION GIVEN IN	PART 1 (a).			
ATION		SNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH 8				PART 1 (a).			20 AUTOPSV2
IFICATION	PART 2 OTHER SIG	SNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH 8	OUT NOT RELATED TO THE TERM			PART 1 (a).			20. AUTOPSY?
CERTIFICATION	PART 2 OTHER SIG	OPERATION	196. CONDIT	ION FOR WHICH OPE	RATION WAS			E OF INJURY IN ITEM I		YES NO
AL CERTIFICATION	PART 2 OTHER SIG	OPERATION L CAUSE WAS	196. CONDIT	INJURY . MONTH DAY YEA	RATION WAS	PERFORMED?		E OF INJURY IN ITEM I		YES NO
EDICAL CERTIFICATION	PART 2 OTHER SIG	OPERATION L CAUSE WAS OR G CAUSE OF DE	19b. CONDIT	INJURY . MONTH DAY YEA . 19 SF INJURY (AT HOME,	RATION WAS	S PERFORMED? V INJURY OCCURI	RED (ENTER NATURI		18 PART 1 OR PART 2	YES NO
MEDICAL CERTIFICATION	PART 2 OTHER SIG	OPERATION L CAUSE WAS OR G CAUSE OF DE	19b. CONDIT	INJURY MONTH DAY YEA	RATION WAS	S PERFORMED? V INJURY OCCURI	RED (ENTER NATURI	E OF INJURY IN ITEM I		YES NO
MEDICAL CERTIFICATION	PART 2 OTHER SIGNATURE OF PART 2 OTHER 2	OPERATION L CAUSE WAS OPERATION L CAUSE WAS CAUSE OF DE CCURRED NOT WHILE AT WORK	19b. CONDIT 21b. TIME OF HOUR A.M. ATH P.M. 21e PLACE C STREET, FACT	INJURY . MONTH DAY YEA . MONTH DAY YEA . 19 FINJURY (ATHOME, ORY, FARM, ETC.)	RATION WAS	S PERFORMED? V INJURY OCCURI	RED (ENTER NATURI	OR TOWN	18 PART 1 OR PART 2	YES NO
MEDICAL CERTIFICATION	PART 2 OTHER SIGNATE OF THE PART 2 OTHER SIGNATE OF THE PART OF T	OPERATION L CAUSE WAS OR NG CAUSE OF DE CCURRED NOT WHILE AT WORK y that I tack charge	19b. CONDIT 21b. TIME OF HOUR A.M. ATH P.M. 21e PLACE C STREET, FACTI	INJURY . MONTH DAY YEA . MONTH DAY YEA . ORY, FARM, ETC.)	RATION WAS 21c. HOV 21f. LOCA STRI	S PERFORMED? V INJURY OCCUR!	RED (ENTER NATURI	OR TOWN	18 PART 1 OR PART 2	YES NO
MEDICAL CERTIFICATION	PART 2 OTHER SIGNATURE OF PART 2 OTHER 2	OPERATION L CAUSE WAS OR NG CAUSE OF DE CCURRED NOT WHILE AT WORK y that I took charge	19b. CONDIT 21b. TIME OF HOUR A.M. ATH P.M. 21e PLACE C STREET, FACTI	INJURY . MONTH DAY YEA . MONTH DAY YEA . ORY, FARM, ETC.)	RATION WAS	S PERFORMED? V INJURY OCCURI VION Inspect Hamicide	RED (ENTER NATURI	OR TOWN	18 PART 1 OR PART 2	YES NO
MEDICAL CERTIFICATION	PART 2 OTHER SIGNATE OF THE PART 2 OTHER SIGNATE OF THE PART OF T	OPERATION L CAUSE WAS OR NG CAUSE OF DE CCURRED NOT WHILE AT WORK y that I tack charge	19b. CONDIT 21b. TIME OF HOUR A.M. ATH P.M. 21e PLACE C STREET, FACTI	INJURY . MONTH DAY YEA . MONTH DAY YEA . ORY, FARM, ETC.)	RATION WAS 21c. HOV 21f. LOCA STRI	S PERFORMED? V INJURY OCCUR!	CITY ian X In. Undetermin	quiry , c	COUNT and in my apini	YES NO
MEDICAL CERTIFICATION	PART 2 OTHER SIGNATURE PART 2 OTHER SIGNATURE PART 2 OTHER SIGNATURE 21a EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK 22a. I certif death resulte	OPERATION L CAUSE WAS OR NG CAUSE OF DE CCURRED NOT WHILE AT WORK y that I taak charge of d fram:	19b. CONDIT 21b. TIME OF HOUR A.M. ATH P.M. 21e PLACE C STREET, FACTI	INJURY . MONTH DAY YEA . MONTH DAY YEA . ORY, FARM, ETC.)	RATION WAS 21c. HOV 21f. LOCA STRI	S PERFORMED? V INJURY OCCURI ATION Inspect Hamicide TITLE (SPECIFY)	CITY ian X In. Undetermin	OR TOWN	COUNT and in my apini	YES NO
MEDICAL CERTIFICATION	PART 2 OTHER SIGNATE OF 21a EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK 22a. I certif death resulte	OPERATION L CAUSE WAS OR OR OR OCCURRED NOT WHILE AT WORK y that I tack charge of fram: WAME	19b. CONDIT 21b. TIME OF HOUR A.M. ATH P.M. 21e PLACE C STREET, FACTI	INJURY . MONTH DAY YEA . MONTH DAY YEA . ORY, FARM, ETC.)	RATION WAS 21c. HOV 21f. LOCA STRI Autopsy vicide, M.D.	S PERFORMED? V INJURY OCCURI ATION Inspect Hamicide TITLE (SPECIFY)	CITY ian	quiry , c	COUNT count in my apini DATE SIGNED	YES NO
MEDICAL	PART 2 OTHER SIGNATURE 21a EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK 22a. I certif death resulte ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	OPERATION L CAUSE WAS OR OR OR OR OCCURRED NOT WHILE AT WORK That I took charge of fram: WAME TON, REMOVAL 23b. TON, REMOVAL 23b.	19b. CONDIT 21b. TIME OF HOUR A.M. ATH P.M. 21e. PLACE C STREET, FACTO	INJURY MONTH DAY YEA MONTH DAY YEA J9 OF INJURY (AT HOME, ORY, FARM, ETC.) cribed abave, held an Accident , Su	RATION WAS 21c. HOV 21f. LOCA STRI Autopsy uicide	TITLE (SPECIFY) DORRESS 400 CREMATORY	ion X, In. Undetermin MEDICAL Cande	quiry A, contained manner DEXAMINER	COUNT DATE SIGNED!	YES NO (2) (1) (3) (4) (5) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9



4	1.	FOR STATE		DEPARTMENT OF	LTE OF MARYLAND HEALTH AND MENTAL H	YGIENES U	0 5	1 2
(20)		REGISTRAR		CERT	IFICATE OF DEATH	REG. N	O	
		CEASED NAME FIRST	MIDDLE	1000	LAST	2ª DATE OF DEATH	MONTH DAY Y	EAR 25. HOUR
a Marie		Mor	voe. 1	4.	HIPP	FEBR	UARY 2, 1	940 127
ter d	3 SE		4 RACE	MO	E OF BIRTH	& AGE (IN YEARS LAST BIR		DAYS HOURS
recto urs af		Male	(aucasia		2. 12, DAY 1898 AR	87	YRS	
2 hou	71. B	RTHPLACE (STATE OR FOREIGN DUNTRY) ennsylvania	76 CITIZEN OF WHAT	COUNTRY? MARI	RIED A NEVER MARRIED		OR COUNTY OF DEA	TH
fune fune fune fune fune fune fune fune	10.0	ennsylvania	USA		WED DIVORCED [120 USUAL OCCUPAT		IND OF BUSINES
in by the fur filed within	S	alisbury	Peninsul	a°'Genera	l Hospital	Meter Read		ila Elec
be fin	USU 130	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RES	IDENCE BEFORE ADMISSIO	N) 13d INSIDECITY LIMITS?	1130 STREET ADDRESS		
Plan in 16	_	elaware Su		elmar	YES NO NO	rd2 box 1	79	
de within 24 r	14: F/	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N	MIDDLE		LAST
comple 1 and 2 nedical		Harry	Shipp	9	Sarah		Schref	Elen
x by		VAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	DCIAL SECURITY NO		ADDR	Schref Delmar, D	el 19940
		no		54 05 3424	Mrs. Sarah	A. Shipp ro	2 box 179	
certificate g physician n papers, F removal. atic event,		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one couse per line lar	loi, lbi, ond ici	Mosel		BEI	WEEN ONSET AND DE
		IMMEDI	ATE CAUSE (0)	KINAC 1	TRKESI			
death cert tending ph carbon pa on, or rem traumatic	18	4151	DUE TO, OR AS A	CONSEQUENCE OF	0.50000			
the atte	10	Canditions, if ony, which	(16) 1/U	CMONHI	RY EMBOLO	15		
that by thu e rem , cren or ot		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF				
injur	Z	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIB	UTING TO DEATH B	UT NOT RELATED TO THE TE	PMINAL DISEASE OR CON	DITION GIVEN IN PA	ART I(o)
been selaw re	CERTIFICATION	190 DATE OF OPERATION	0 100	OR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE I	INDINGS USED
cian. cian. ficate has bee nsit permit. Ti Hygiene prior m 18 shows an	FIC					YES TO NOT	IN CERTIFYING CA	USES OF DEATHS
rian.	CERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJUI			URRED (ENTER NATURE OF INJU		
physicis scertifications after an alternate in them		OR CONTRIBUTING CAUSE OF E		ONTH DAY YEA				
this this Mer	MEDICAL	21# INJURY OCCURRED	21 PLACE OF INJU	URY	211 LOCATION			
attending physics. After this case the burial salth and Menis is marked or	M	WHILE NOT WHILE	(AT HOME, STREET, FACT	TORY, OFFICE, FARM, ETC.)	STREET	CITY OR FO	wn coun	TY STATE
renting physic or attending physic OR: After this cert use as the burial-tra Health and Mental is marked or Iter		220 certify that (I) (this has	pital) attended the dece	ased from Col	19.73	7 to 1	11 1980	2. that (1) (we
		saw the deceased alive	2/1	1980	and that in (my) (our) opinio	on death occurred an the d	ate and haur and Ira	
ospi line ed fo ept.	10	176 STONATURE	nat) view the body after d	eath.	DEGREE		22c.	DATE SIGNED
NAL by the hy the half		Valeth	(A 8/10001		ATTENDING	MEDICAL STA	FF CIANITY	2/2/80
SPITAL d by the NERAL be detac e State TANT:		224 PHYSICIAN'S NAME ITEM	CORPERNIT		226 ADDRESS	D DIRECTOR PHISK	IAN L	/2/00
TO HOSFITAL ON A Persistent of the Mospital of Foreign of the Mospital of Foreign of the Mospital of Mospital of the Mospital of Mospital of the Mospital of t		Dr. J. A.	Elliott		Went St	. Laurel Del	100 F	-6
TO HOST retained to TO FUNE should be with the 3	230	BURIAL, CREMATION, REMOV		1234 NAME O	CEMETERY OR CREMATOR	y 234 LOCATION	unarie 1995	
	130	SPECIFY) /	2/6/80			Bristol	COUNTY	STATE
BP		burial	1/6/80	15 10 1 4 +	ol Cemetery	1)71177		Penna.

SAN TO BE USED TO THE STREET -1 = -1Salisbury Feminsula General Hospital meder secon Misse No. 1 4 55 2628 121. Constitut. Alizon and hor 155 A. . A. Eliote | Competition | Contest in temps | Contest The same of the sa

A	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 0 0 5 5 7 3
poge 3	L	DECEASED NAME ALLEN	1110-11	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 4 12
or offer		MALE	white state of Birth worth 9/7 /5/3	1775
funeral dir ithin 72 hau id at ance.	17 8	ASTON, Md.	CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED (WIDOWED DIVORCED (WICOMICO
by the filed with notified	0	SALISBURY P	. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCHACLITY, ONE STREET ADDRESS) ENINSULA GENERAL HOSPITAL HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	126 USUAL OCCUPATION 128 KIND OF BUSINES. ITYPE OF WORK FOR MOST OF WORKING LIFEY INDUSTRY STATE OF MARYLAND KATURAL RES
24 selle	3	STATE 136 COUNTY WILOIF	MILO SAISOURY 134 INSIDE CITY LIMITS	118 BENJAMIN HVE
completely I and 2 sho	20	ALLEN L	DIE SMITH 15. MOTHER'S MAIDEN	e widoje, Webster
rificate be executed physician and components. Pages 1 or emoval.	1	WAS DECEASED EVER IN U.S. ARME (YES, NOOTUNKNOWN) IF YES, GIVE W.		Smith See Sec 13.
requires that the death ce in signed by the attending Then please remove carb in to burial, cremation, or a			DUE TO, OR AS A CONSEQUENCE OF (c) NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)
The low re ricion. The hos been sit permit giene prior shows ony it.		19a DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION WAS PERFORMED	706 AUTOPSY? 706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
phys phys trifico II-troi nol Hy m 18	7	OR CONTRIBUTION C CAUSE DE BEATUR	HOUR A.M. MONTH DAY YEAR P.M. 19	URRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
	10000	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY JATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
pritol or pritol or DTOR: A for use of Heol	1	220 I certify that (I) this hospital saw the deceased alive an above (I) (and (did)) in analysis	2/16 19 50 and that in (my) approx	an death accurred an the date and hour and from the causes stated
by the ERAL D ERAL D Stote D Stote D		176 SIGNATURE YOUNG 176 PHYSICIAN'S NAME (THE COM	DEGREE ATTENDING PHYSICIAN 172 ADDRESS	MEDICAL STAFF OF DIRECTOR PHYSICIAN 2-/6-19
eroined by the TO FUNERAL should be det with the Stote		Joseph A-	GRASSO S. Piv. St. S	Salisbury, Md 21801
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BUCIAL FUNERAL DIRECTOR,	236. DATE 236 NAME OF CEMETERY OR CREMATOR WILDMILD MEM PAI	23d. LOCATION COUNTY STATE OF
DHMH-16 20M (VRA 15, 4) 7/78		Hill-Baker-Bo	UNDS SARISTORY, MD.	Tring on it ald the market and the contract



	1	FOR STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND IEALTH AND MENTAL ICATE OF DEATH	HYGIENES (REG. NO.	5 5	74
AL.		ECEASED NAME FIRST	WIDDLE		AST	2a. DATE OF I		DAY YEAR	2b. HOUR
集)	3. SI	Ge0r	ge E.		ATON	1.105	2-2	22-80	4:02P M
	3. 31	M	W	5 DATE (87		MONTHS DAYS	
- Suce	70.8	HRTHPLACE ISTATE OR FOREIGN COUNTRY MARYLAND	76 CITIZEN OF WHAT COU	NTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMOR	ECITY OR COUNTIES COUT	ITY OF DEATH	
Jo Polified of	10.0	Salisbury	11. NAME OF HOSPITAL, N IN NOT IN SUCH FACILITY, GN SALISBURY NU	E STREET ADDRESS)	OR OTHER INSTITUTION	126 USUAL OF		126. KIND C	MD OF BUSINESS OR
A Share be	130.	ATHER'S NAME	JNTY 13c. CITY O		134. INSIDE CITY LIMITS YES NO 1	S? IJA STREET AL	RINCE S	ST.	
夏21			TATON	St		RICHARD	SON	LA	
event, the medical		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) 1 IF YES, G	0.00 1111 0 0 0 0 1 TO 0 1	L SECURITY NO. 07-967I	MRS EDNA		ADDRES 210	PRINCE BURY, MI	
to buttot, cremotron, or njury, or other troumotic	NO	Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c) CONDITIONS CONTRIBUTION	NULL S	NOT RELATED TO THE T		OR CONDITION C	GIVEN IN PART 10	01
kuo smoys	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOP	SY? ZOB. IF Y	YES, WERE FINDI TIFYING CAUSES YES [NGS USED S OF DEATH?
or frem 18 shows only		216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OC	CURRED JENTER NATU	RE OF INJURY IN ITEM I	8, PART 1 OR PART 2)	
morked or	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	06	ITY OR TOWN	COUNTY	STATE
21 15		sow the deceased alive a	pital) attended the deceased on 101 view the body after death.	19.80 . 01	nd that in (my) (our) opin	nion death occurred	on the date and h	nour and from the	that (I) (we) lost couses stated
NT. = #ea		276 SIGNATURE	usly	N	ATTENDIN PHYSICIA	MEDICAL DIRECTOR	STAFF PHYSICIAN	2/2	3/80.
MAPORTANT: IF	1	EARL M. BEARL	OSLEY, M.D.		RT.50 &C	IVIC AVE,		RY, MD.	
		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	2/25/80		ONS CEMETE	CRY SA	own LTSBIIRY	COUNTY	STATE
6 20M 4) 7/78	24 F	WILSON FUN	ERAL HOME	Š ALIS BU:	250.	FB 2 8 19	SISTRAR 256. REG	Gen /XC	recolor

Til to the partition of the very test of the state of the

The relating old THE THE PERSON OF STREET PROPERTY OF THE PROPERTY OF THE PERSON OF THE P

.CALTY DECLARS IN A MILE STREET STREET STREET STREET

THE STATE OF THE S

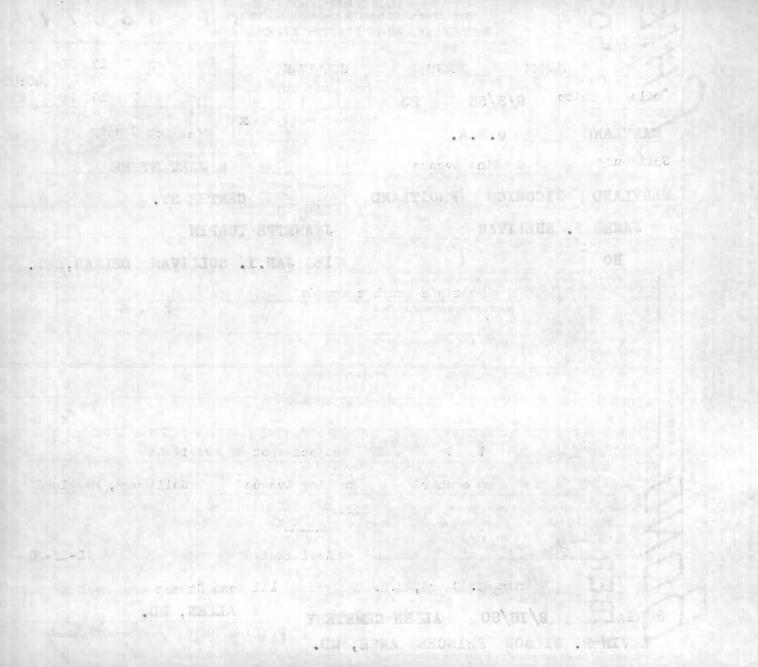
77	1.00	sm o 8241 2/10/0	o gj		STATE	OF MARYLAND		-	CO 4	
	1.	FOR STATE		DEPARTA		EALTH AND MENTAL HY		U	5 3	1 3
	LOS	REGISTRAR CEASED NAME FIRST		MIDDLE		IST	REC 20 DATE OF DEAT	NO.	AY YEAR	Izh HOUR
w mt	TYPE	ORPRINTI 1/1/AAA	C- 11	A		- ED =	T- 20	22.0	1951	12 45
2 8	2.65	WITH	EN.	1	7	5-676	AGE IN YEARS LAS	MY	W UNDER 1 YEAR	IF UNDER 24 HRS
£ (3)	3 SE		4 RACE		5 DATE O	P BIRTH			AONTHS DAYS	HOURS MIN
			WHITE		FE	B.16,1925	54	YRS		
E 0 2 0		RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
B ALL SEA		R.I.		S.A.	WIDOWE		TI TOOM			MD.
the full within within			HE NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUP		INDUSTRY	OF BUSINESS OR
\$ 50 F		alisbury				Hospital	POST	OFFICE	PORE	MAN
ed in be fill	USU 13a	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION TY	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13. STREET ADDRE	SS		
y filled i		MD. WICO	MICO	SALISBU	RY	YES 😿 NO 🗌	516 RUR	ID HIL	L AVE	•
2 shou	14. F/	THER'S NAME	NDDLE	LAST		15. MOTHER'S MAIDEN N.	AME			AST .
comple 1 and 2		ELISHA STEER		500			INE KELL	ERMAN		
77		VAS DECEASED EVER IN U.S. ARA	AED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	AC	516 1	DURID	HILE
Pages t, the n		YES WAR	TT	218-16	-609	MRS BETTY	STEERE	SALIS	BURY,	MD. AVE
ers. ers. val.		18 CAUSE OF DEATH (Enter and	y one couse per						APPRO: BETWEEN	XIMATE INTERVAL
phy pap emo tic e		PART I. DEATH WAS CAUSED	Ó BY E CAUSE (o)	()	noto	u. Irmill	menen			
ending ph carbon pa on, or rem traumatic		11 5 G								
	W.C	Canditions, if any, which	DUE 10. O	R AS A CONSEQUE	Cun	11.				
the at emove remati other		gave rise to immediate couse (a), stating the) (0)	March						
by C. C.		underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF					
igned pleas buria injury	и	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	FATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIV	EN IN PART 1	loi
Then or to b	N N									
	IFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FIND	INGS USED
e ha	IFIC						YES T NOT		YING CAUSE	S OF DEATH?
18 Y R. C. S.	CERTI	210 ACCIDENT WAS UNDERLYING	216. TIME C			21c HOW INJURY OCCU	-			
s certifi al-trans ental H or Item		OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA						
Aler	MEDICAL	11F EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	21e PLACE	M. OF INJURY	19	211 LOCATION				
After th s the bur th and M marked	ME	WHILE IN NOT WHILE IT	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY O	ETOWN	COUNTY	STATE
** m = .		AI WORK	6 4 4 14	1 11	110	0 10 81) . 9	1 9	10 80	al a district
O S H E		22a I certify that (I) (this hospid sow the deceased alive on,	U.S.		70	d that in (my) (ear) apiniai				, that (I) (we) lost
DIREC Ched for Dept. o		obove, (I) (see) Ided) (did not) view the body	ofter deoth.						E SIGNED
e hospital L DIRECT Iched for i Dept. of : If Item 2		226. SIGNATURE	Λ-		V	DEGREE ATTENDING	_ MEDICAL	STAFF	ZZC. DATI	ESIGNED
_ c o -		Noxia	on .		/	PHYSICIAN	DIRECTOR PH	YSICIAN [0-4	
FUNERAL I		224 PHYSICIAN'S NAME TYPE OF	-		1	22. ADDRESS 5 0 U	TH DIO	12166	STRE	ET EXT
TO FUNERA should be det with the Stat IMPORTAN		J03-60 M	, UTW	1222 N	IV	SALISB	URV	md. o	1/70/	
⊢ ts 3 ≤	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c h	AME OF C	EMETERY OR CREMATORY	23d. LOCATION City or TOWN	VERNO	MuntMD.	STATE
P		BURIAL	2/12/	80 A	SBURY		ADADA	MANAK	VWD.	
DHMH-16 25M	24 F	UNERAL DIRECTOR	TOOT	MA MADDRESS T	137 M		TEREC D BY LEGIS	38 256. REGIST	RAP'S SIGNA	Tuperende
(VRA 15, 4) 1/79		"LEVIN R. WI	LSON	SALISBU	MY, M	D• •			/	

ELAN SEEL, BI. HAT. STIRW BIAN A.E.U .I.R Selimbury Pominania General Mospital FOST OFFICE FORMAN HD. WICCHIGO SALASBURY X - DIG MURID HILL AVE. ELISHA STREET ELISTEN NELLERMAN YAS WAR II FIG-6091 MHS HETTY STABRE SALISDURY, MD. and the same of the same of the same of BURIAL 2/12/80 ASSURY CEMETARY XXXXXXERRAY, CAD

LEVEL P. FILLSON DELLE PROPERTY OF THE PARTY OF THE PARTY

STATE OF MARYLAND

	DRC (1929-1990) 1980		
		zazna basi sironi	Security 1
15	Lucal, Editor and Said Story	.u. emitting .ii	youall



completely filled in by 1 and 2 should be filed

1-	FOR -STATE REGISTRAR				NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		j	18
	CEASED NAME OR PRINT)	FIRST		MIDDLE		AST 1/_	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	Norma	an	Kim	ble		INDIE	FEDRUARY	21 190	80	10 1
3 SEX	X	4	RACE		5 DATE C		AGE IN YEARS LAST OF	IHDAY) IF UP	HS DAYS	H UNDER 24 H
M	ale		Whit	е	Feb.		68	YRS.	III GAIG	
	RTHPLACE (STATE OR FO	DREIGN 76	CITIZENOF	WHAT COUNTRY?	8 MARDIE	NEVER MARRIED	BALTIMORE CITY	R COUNTY OF	DEATH	
	aryland		USA		WIDOWE		Wicomic	0		
10 CI	TY OR TOWN OF DEA	TH 11		HOSPITAL, NURSING		ROTHER INSTITUTION	12e USUAL OCCUPAT	ION I	26 KIND C	F BUSINESS
S	alisbury	1				Hospital	Mechanic		Auto)
13e S	al RESIDENCE (IF NURS STATE aryland	ING HOME OF OT 136 COUNTY VICOM	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	136 INSIDE CITY LIMITS?	13. STREET APPRESS	Saratog	a St	
	THER'S NAME FIRST larion	Fra	ncis	Tindl	Le	Hattie	Emma	Wo	odf'i	eld
[A	VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W.		214-10-		Mrs. Madel	ine B. Ti	ndle (e as	13
	Canditions, if any, gave rise to imm cause (a), statin underlying cause	nediate g the	DUE TO, O	R AS A CONSEQUE	NCE OF	ZX S			. 2	3 V
Z	PART 2 OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 1	01
CERTIFICATION	19a DATE OF OPERAT	TION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WI IN CERTIFYING YES	G CAUSES	
	210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF CONTR	AUSE OF DEATH		M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED JENTER NATURE OF INJU	RY IN ITEM 18, PART I	OR PART 2)	
MEDICAL	214. INJURY OCCURR WHILE NOT WHAT WORK AT WO		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR 10	WN (COUNTY	STATE
	22a I certify that (I) saw the decease above, (I) (we) (d	d alive on	>-	12/- 19		id that in (my) (aur) apinian i	death occurred on the d	19_ ate and haur an	d from the	
	226. SIGNATURE	e/s	4/				MEDICAL STA	FF CIAN []		1/80
	224 PHYSICIAN'S NA	AME ITYPE OR PI	RINT)			22e ADDRESS				

DHMH-16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4) 1/79

14 FUNERAL DIRECTOR
HOLLOWAY

230 BURIAL, CREMATION, REMOVAL BURIAL 236. DATE 2/25/80

23c NAME OF CEMETERY OR CREMATORY Parsons Cemetery

Salisbury,

WIC.,

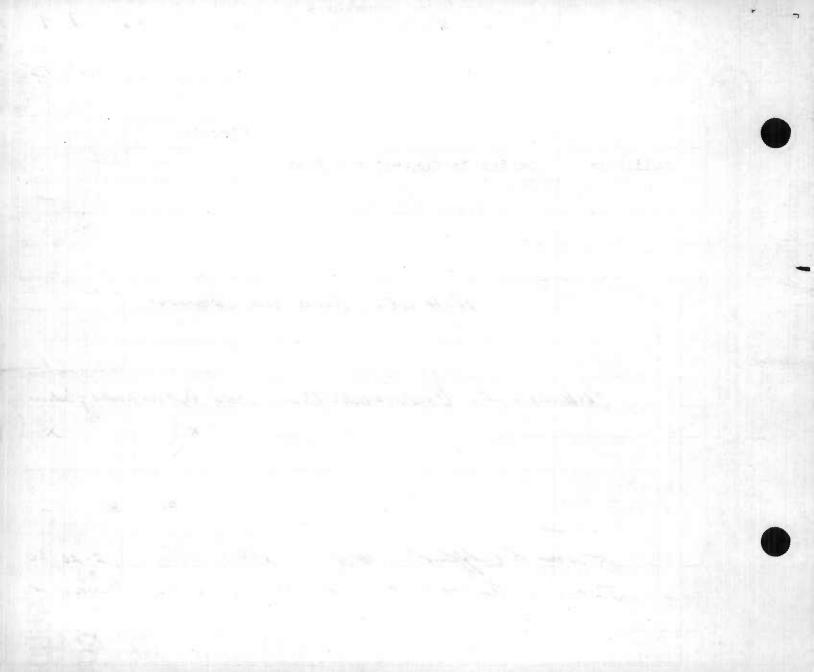
FFB 2 7 1980 FUNERAL HOME, Salisbury, Md. FEB 2 1980

C V C C C C Secretary and C Secretary opinos Pi Salishury | Festingula Coreral Fospital 1980 LEB 2 2 1980 LEB 2 1980 LEB 2 1980 LEB 2 1980 LEB 2 1980 LEB 2 2

ITENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours offer

TO HOSPITAL

4	1.	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO. MIDDLE LAST P. DATE OF DEATH MONTH							
	1 DE	CEASED NAME	FIRST	MID	DLE	LA	ST	1	DATE OF DEATH	MONTH OA	Y YEAR	26. HOUR
100	,,,,,,	-	eon	W	ilson	1	nnp		Februa	ru 20	1980	84 M
EL BANG	3 SE	х	4	RACE		5 DATE O		1	AGE IN YEARS LAST BIR	THO(Y)	UNOER I YEAR	IF UNDER 24 HRS
	1	Male		White		Jul	y 15,19	02	77	YRS.	ONTHS OAYS	HOURS MIN.
A 22 ho	0	IRTHPLACE (STATEORFOR OUNTRY) Cambridge		CITIZEN OF WH	AT COUNTRY?	MARRIED WIDOWE	NEVER MARR	RIED L	Wicomic	R COUNTY C	OF DEATH	MD
completely filled in by the full ond 2 should be filed with old 2 should be filed with old examiner frust be notified.		alisbury	н 1	NAME OF HO	SPITAL, NURSIN	HOME OF	Hospita	al l	20 USUAL OCCUPAT TYPE OF WORK FOR MOST O	OF WORKING LIFE)	INDUSTRY	BUSINESS OR
be the	2 13a	AL RESIDENCE IF NURSIN	G HOME OR C	THER INSTITUTION, GI	VE RESIDENCE BEFOR	E AOMISSION)	13d. INSIDE CITY LI		30 STREET ADDRESS	raher. E	droware	3-DIST.
Selled ES		vland			Salisb		YES \ NO	_	/	allege	A	
shin	14. F.	ATHER'S NAME				CI V	S MOTHER'S MAI			TIERE	Ave	
nd of		Joseph		DOLE V.	ane		FIRST		WIDDLE		EAST.	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		WAS DECEASED EVER IN			b SOCIAL SECT	IRITY NO	Bess 17 INFORMANT	1e	ADDR	ESS	Rose	
Poges				VAR OR OATES)				Ed				
physician on popers. P emoval event, the m	-	18 CAUSE OF DEATH			<u> 14-07-</u>		Mrs. Ca	rrie	H. Vane	(wife)	same	ATE INTERVAL
low requires that the death cert is been signed by the ottending rmit. Then please remove corbo prior to buriol. cremation, ar re ony injury, or ather troumotic e	CERTIFICATION	Conditions, if ony, gave rise to imme couse (a), stoting underlying couse PART 2 OTHER SIGNI	FICANT CO	DUE TO, OR A	Gon	ENCE OF	116	seid	al disease or con with ly 200 autopsy?	200. IF YES,		
Power by bon	, E								YES NO	YES		NO X
physical phy		710 ACCIDENT WAS UNDER	USE OF DEATI			AY YEAR	21c HOW INJURY	OCCURRE	D JENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)	
Arng Men	MEDICAL	1 IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE		P.M.	INTUDY	19	211 LOCATION					
After this e os the bo	ME	WHILE NOT WHILE AT WORK			, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TO	wn	COUNTY	STATE
Se o Se o mo		22a.1 certify that (1) (t	his hospita	l) attended the d	leceosed from_	2-	15-80,19	80	, to 2-	26 19	80 th	at (I) (we) last
CTOR CTOR for u of Hu		sow the deceased obove, (1) (we) (dic	alive an_		ler death	SC, one	that in (my) (aur)	pinion de	oth occurred on the d	ate and hour o	and from the co	uses stated
the hos L DIREC rtoched e Dept		22b. SIGNATURE	~ ~~~	111	lul 1	D	EGREE ATTEN	DING	MEDICAL STA	FF.	22c. DATE SI	IGNED 26-50
FUNERAL old be determined by the State ORTANT: I	1	228 PHYSICHAN'S NAM	AE (TYPE OR I	RINT)	Mary	- 7	27e ADDRESS	ICIAN LA	DIRECTOR PHYSIC	LIAN	12-1	(6-00
etoined by TO FUNERAL should be de with the Stot		clami	58	4. Com	FFORK	no	#12	MED	CAL CEN	TEL	SHURE	KE NO
5 6 5 4 3 3	23e. I	BURIAL, CREMATION, RI	EMOVAL	236. DATE	23c	NAME OF CE	METERY OR CREM		23d. LOCATION CITY OR TOWN		OUNTY	STATE
BP		Burial		2/28/80) Wie	comic	Memor:	ial F	ark Sali		Wic	MD
DHMH-16 20M	24 F	UNERAL DIRECTOR	NERA						REC'D. BY REGISTRAR	25h REGISTRA	A'S SIGNATU	E
(VRA 15, 4) 7/78				,		- Val y	110.	LCD	2 9 1980	area	regiones.	and a



U.S. C. Control of the state of Land Setmonth Land Comment of Land State (1985) Falishmy - Moningula Coneral Mossismi - Andres College Andres 218-20-9907 CATHERINE VICTOR (PLL. CARE TEALORS) College Colleg

Homer L. Disharoon

FOR

24 FUNERAL DIRECTOR

NAME

DHMH-16 25M

(VRA 15, 4) 1/79

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST AIDDU 2ª DATE OF DEATH MONTH 26. HOUR ruari AGE IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS AONTHS DAYS HOURS 1904 YRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED DIVORCED Wicomico NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE! Peninsula General Hospital Inspector Dresser Ind. 134 INSIDE CITY LIMITS? 13a STREET ADDRESS 105 Jackson St NO X 15. MOTHER'S MAIDEN NAME MIDDLE harlotte Laurel Del 19956 Louise J. Vincent 105 Jackson St. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20e AUTOPSY? 20h. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 10 80 and that in (my) (our) apinion death occurred on the date and have and from the causes stated 22c DATE SIGNED MEDICAL ATTENDING I STAFF PHYSICIAN DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION Odd Fellows Cemetery /80 burial aurel JULLEX

box 678 / gunel Do

250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNAL

ab trop till Saliantement to Postination Contact Despited Lawrence Contact Contact The August And The State of the A CONTRACTOR OF THE PROPERTY O

STATE OF MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directarishand be detached for use as the bunal-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours maynthe State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or ather troumatic event, the medico

IMPORTANT: If Item 21 is marked or Item 18 shows any

at ance

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

1.	STATE REGISTRAR		C	ERTIF	ICATE OF DEATH		REG. NO.			70	
	CEASED NAME FIRST		MIDDLE	L	AST	2a. DATE OF DE	EATH MONTH	DAY	YEAR	2b. HOU	R
	EDWIN	G	ILES W	ATT		Febru	arv 9.	198	1980		
3. SE	X	4 RACE	5.	DATE C	DE BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS A					24 HRS MIN.
M	lale	White		Sep							
	IRTHPLACE (STATE OR FOREIGN OUNTRY)	16 CITIZEN OF	WHAT COUNTRY?	ARRIFI	XO NEVER MARRIED	9 BALTIMORE	CITY OR COUN	ITY OF D	EATH		
	ncoln Neb.	USA		IDOWE		WICOMI	CO				MD.
	lisbury	221 Ca	H FACILITY, GIVE STREET ADDR	OME C ESSI PiV	ROTHER INSTITUTION	120 USUALOC (TYPE OF WORK FO Plumbe	R MOST OF WORKING	LIFE) IN	KIND O DUSTRY Lumb	ing	SSOR
130	AL RESIDENCE (IF NURSING HOME OR STATE 13% COUN. Pyland Nicor	ITY	GIVE RESIDENCE BEFORE ADM		13d INSIDE CITY LIMITS?	13. STREET ADI 221 C	DRESS Cardina	1 D:	rive	9	
14. F	ATHER'S NAME	wiDDLE _	, LAST		15. MOTHER'S MAIDEN NAM		MIDDLE	90	LAS	7	
	I Homer		Watt	-	Rosa			Gi:	les		
	WAS DECEASED EVER IN U.S. AR.	MED FORCES?	166 SOCIAL SECURITY	NO.	17. INFORMANT		ADDRESS				
	YES, NO OR UNKNOWN) (IF YES, GIVE		222-01-20	37	Mrs. Maria	an C. W	latt (w	ife) sa	ime a	asl3
	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last PART 2 OTHER SIGNIFICANT C	DUE TO, O (b) DUE TO, O	R AS A CONSEQUENCE	E OF			Astario o condition o		PART 10		
NO O	(5/ 130	cedery								
CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPE	RATIO	N WAS PERFORMED	200 AUTOPS				OF DEAT	H?
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LIQUID A	M. MONTH DAY	YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATUR	OF INJURY IN ITEM	18, PART 1 O	R PART 2]		
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FARM.	ETC }	211 LOCATION STREET	CI	ITY OR TOWN	co	UNTY	ST	ATE
	22a I certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no		700 19		19	deoth occurred o	on the date and l	nour and	from the		,
	226. SIGNATURE	M. 182	ldado	/	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [2	2. DATE 2/1	SIGNED	0

BP.

24. FUNERAL DIRECTOR
HOLLOWAY F FUNERAL HOME, Salisbury, Maryland (VR A 15 (4))

Helen M.

230 BURIAL, CREMATION, REMOVAL BURIAL

Baldado,

236 DATE

2/12/80

M.D.

23c. NAME OF CEMETERY OR CREMATORY Springhill Memory

Florida

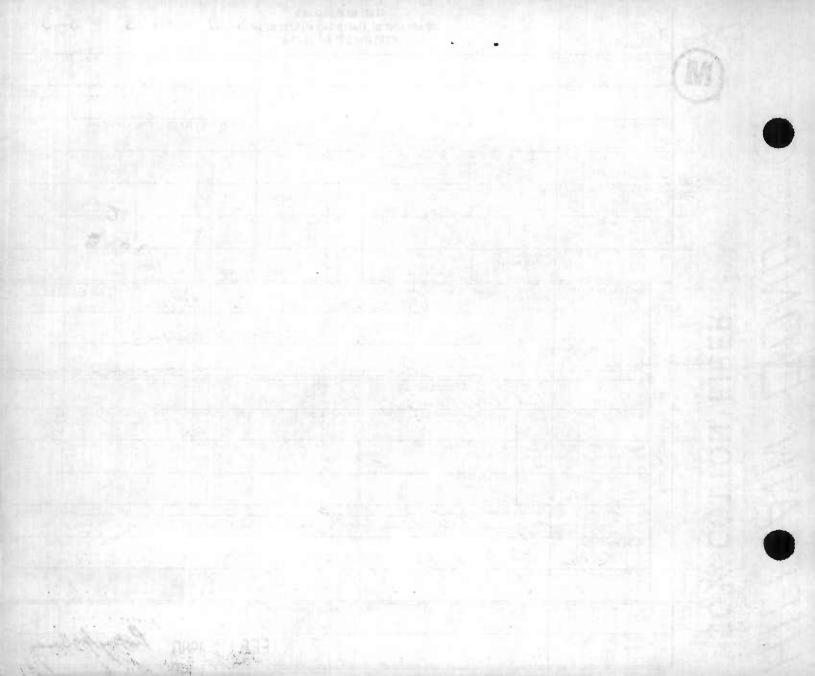
Gardens, Sal

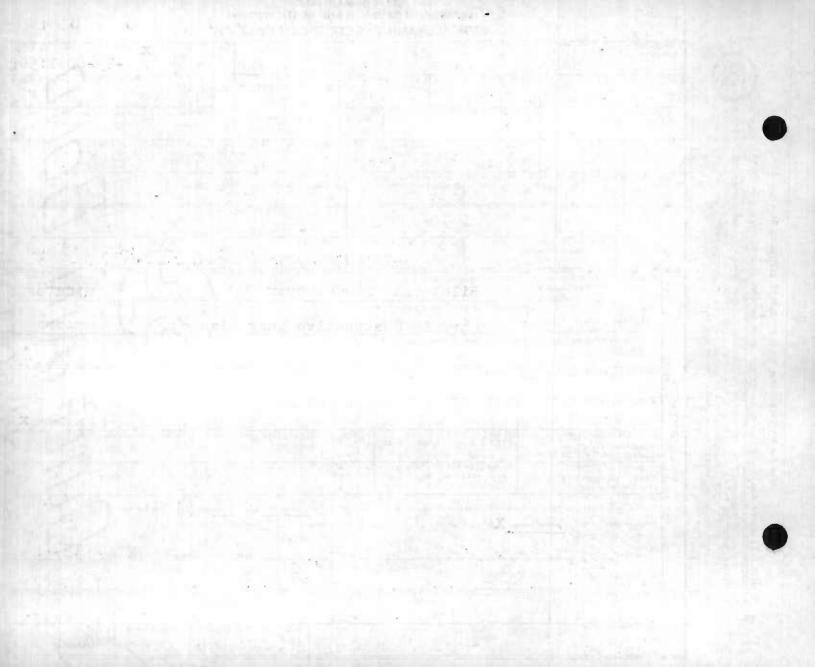
Ave., Salisbury, ,

Wic., " STATE

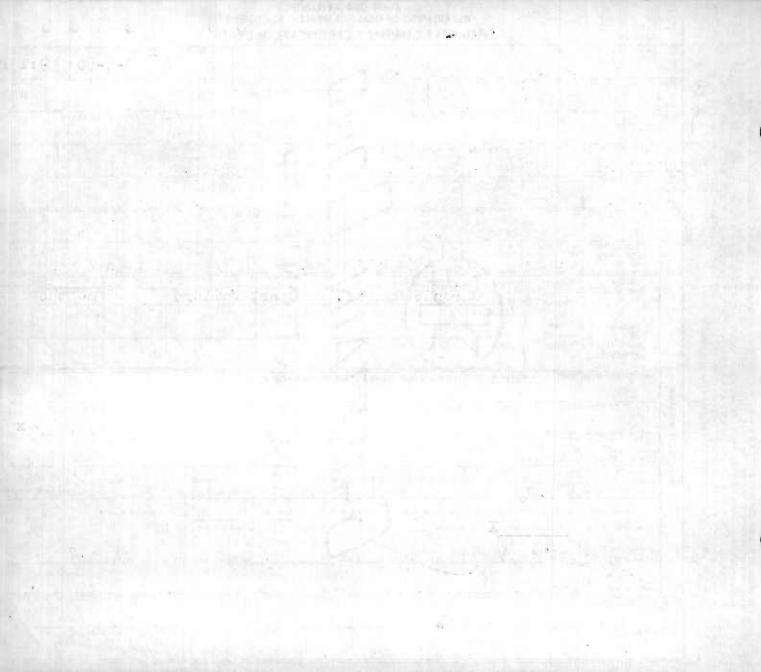
BY REGISTRAR 256 RE

retained by the hospital or attending physician





					STATE	OF MARY	LAND						
1-	FOR STATE				MENT OF HE					0	5	5 8	5
1. DE	REGISTRAR CEASED NAME	FIRST	7416	MIDDLE	AMIINE	LAST	IFICATE			REG. NO.	MONTH	DAY YE	40 My 440
	PE OR PRINT)	ANCIS	11777	DV	11117					NOWN ESTI-	2-5	5-80,	9:1
3 SE			HEN DATE OF BIRTH		WHI!	IF UNDER 1	YR TIETINDE	ER 24 HRS.	2c. DATE	MAIED L	MONTH		EAR 2d, HO
Ma	le Whi		MONTH DAY	YEAR	LAST BIRTHDAY	MONTHS DAY			PRONOUNC				11
7a B	IRTHPLACE (STATE OR		7/7/19 b. CITIZEN OF WI		63 YRS.				9 BALTIMO	Fe		19 IY OF DEATH	80
F	ryland		USA			MARRIED Q	NEVER MAR	RRIED			-	OFDEAT	
	ITY OR TOWN OF DEA	TH 1	II. NAME OF HOS	PITAL, NUR					M I CU	MICO	OF WORK T	12b. KIND OI	F BUSINESS
Sa	lisbury		Penins		Genera.	Hosp	ital	FORA	NOST OF WORKIN	NG LIFE]		OR INDI	JSTRY
USU	AL RESIDENCE (IF IN NUE		OTHER INSTITUTION, GI	VE RESIDENCE I	SEFORE ADMISSION)						wer		-
	ryland	Wicc	omico	Sall	ortown isbury	13d INS	IDE CITY LIMITS?	_ 1	EET ADDRESS	s Ceda:	מחומ	17	
	ATHER'S NAME						OTHER'S MAI				1 Way		
N	athan	Green	nsbury	WH	ite		aisey		MIDE		Nibl	LAST 1 ptt	
160.	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	-	AL SECURITY N		ORMANT			ADDRESS		same a	as 13
Ye		unkno		220-	01-75	0 Mr	s. Ro	sema	rv Ni	blet.		daügh:	
	TR CAUSE OF DEAT	H (Enter anly	one couse per line						-1 -1 -1		~ 1 U	APPROXI	MATE INTERVAL
	PART I DEATH W.	AS CAUSED E	BY: CIT		c Cons	estiv	е Нев	art F	ailur	e		MON	UNSET AND DEA
	4280	MMEDIATE		AS A CONS	SEQUENCE OF	ris Too							
	Conditions, if a gave rise to	ny, which	(b)										
Th.	cause (a) stating		DUE TO, OR	AS A CONS	SEQUENCE OF								
	lying cause last.		(c)										
,	PART 2 OTNER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELAT	EO TO THE TERMINAL	OISEASE OR CONC	DITION GIVEN IN I	PART 1 (a).					
CERTIFICATION	19a. DATE OF OPERA	TION	TION CONDU	IONI FOR VA	HICH OPERATI	DALWAS BER	FORMED?					To the second	
FIC			178. CONDI	TIOTY OR VI	THE TOTERAL	DIA AAD LEKI	OKMED:					20. AUTOF	
ERT	21a. EXTERNAL CAUS	EWAS	21b. TIME OF	INJURY		lic HOW INJ	URY OCCUPE	PED JENIERN	ATURE OF INITIO	V IN ITEM 1994	APT 1 OR PAR	YES [□ NO [2
	UNDERLYING CONTRIBUTING	OR CALLES OF ST		. MONTH	DAY YEAR		o Occor	NED (EINERIA	A. ORE OF WYJOR	THE HEM TO PAI	MI TOMPAK	17.21	
MEDICAL	214 INTURY OCCURR	FD	21e. PLACE C	OF INJURY	19 (AT HOME,	If. LOCATION	1						
ME	WHILE NOT AT WORK	WHILE	STREET, FACT	ORY, FARM, ET	2.1	STREET			CITY OR TOWN	1	cour	YTML	STAT
	Constitution of the Assessment									7			
10	27a. I certify that I		F-10		e, held an	Autapsy 📙	, Inspecti	ian X.,	Inquiry	X, and	l in my api	inian	
19	death resulted from	historol	causes LX	Accident	, Suicid		amicide	. Undete	ermined mann	ner,			
	ACTUAL	0.	1		/	TITL	E (SPECIFY)				DATE	2.7	10
	SIGNATURE	(1		/	M.D	Deput	V MEDI	CAL EXAMIN	1ER	SIGNED	D 2/1	/80
and I	EXAMINER'S NAME	Fanl	L. Roye	N N	D		4.00	01	0		0.3.	- 1	
23a B	(TYPE OR PRINT)	Earl					ss_409	Camd		e., S	sali	sbury	r, Md.
(SPECIFY]	1710			AME OF CEMET			CITY	CATION	4500	COUNT		STATE
24. F	Burial		2/8/80	Spr	<u>inghill</u>	Memor	y Gard	ens.	Salisb REGISTRAR	756 REGIST	WiC.	Mary	
	NAME	UNERA	ADDRESS T LIONE	507	i a b	742				P	Land S	halres	ly
11/	DUDOMUT L	UNLINA	L HOME.	Dal	isbury	. Md.	ICCO	1 1 1	000	may	1 41	10000	1



	Y	FOR	STATE OF MARYLAND	0 5 2 4
	1	- STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH	EG. NO.
R	• #	ECEASED NAME FIRST	MIDDLE LAST 24 DATE OF DE	ATH MONTH DAY YEAR 26 HOUR
page 3 death		U. H.	STANFORD While Febru	19ry 23, 1980 3/A M
4 ma	3 :	EX	4 RACE S. DATE OF BIRTH	AST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
director, pours after at once.		Male	WHITE OCT 31, 1887 72	YRS.
al di shou	110	BIRTHPLACE ISTATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WICON	CITY OR COUNTY OF DEATH
funer funer		1/10/-	U.S /+- WIDOWED DIVORCED	MD.
with with	2/1"	Salisbury	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR	UPATION 12h. KIND OF BUSINESS OR INDUSTRY
in by filed			Peninsula General Hospital FARM	LE RET. OWN THEN
D 20 27	13	STATE 1131/CO	OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 134 INSIDE CITY LIMITS? 130. STREET ADD	RESS Pl - d
should should	14	FATHER'S NAME	15 MOTHER'S MAIDEN NAME	1/2 NA E-8
10 Ne	20	ATTIER STUDIES		DOLE MAST 1=
1 and	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT	ADDRESS
and ages		(YES, NO OR UNITHOWN) (IF YES, C	GIVE WAR OR DATES) 218-20-6483 RABFET B. W.H.	ITE SOULED M
rs. Pa al.	-	/// 0		APPROXIMATE INTERVAL
pape mov		PART I. DEATH WAS CAU		BETWEEN ONSET AND DEATH
ending ph carbon pa on, or rem traumatic		11.01 IMMEDI	IATE CAUSE (a)	
	15	Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
ematic ematic		gave rise to immediate cause to!, stating the	(b)	
by t se re II, cr		underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
igned puris buris		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)
Then Then or to	N O			
e has be ermit. ene pric	CEPTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY	? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
202	4		YES NO	YES NO
ECI E	1000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	The same of the sa	OF INJURY IN ITEM 18, PART 1 OR PART 2)
2 6 9 5	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M. 19	
	9	214 INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY	ORTOWN COUNTY STATE
th and I	1	AT WORK NOT WHILE		
Heal Heal		22a 1 certify that (I) (this has	spital) attended the deceased from	19 0, that (I) (we) last
for use of Hea		saw the deceased alive above, (I) (we) (did) (did	an	the date and have and fram the causes stated
DIR Dept		22b. SIGNATURE	DEGREE	22c. DATE SIGNED
		Cmy	Cate Tom MD ATTENDING MEDICAL DIRECTOR DIRECTOR DIRECTOR	STAFF PHYSICIAN 7-3-5 80
FUNERAL uld be detacted the State		224 PHYSICIAN'S NAME (TYPE	E OR PRINT) 220 ADDRESS	.1 /\/
		CONSTI	mil- 1- 1100 547-0 Kners	ide Ur. Salsbug H
sho sho	230	BURIAL CREMATION, REMOVA	AL 23h. DAYE 23L NAME OF CEMETERY OR CREMATORY 23d LOCATIO	NN COUNTY STATE
		PUPIAL	126/1980 PARSONS CAM. SAL	LISBURY, Md.
HMH-16 25M	24	FUNERAL DIRECTOR	256. DATE REC'D. BY REGI	STRAR PLACE STRARS SUCRATURE
A 15, 4) 1/79		HILL- DAFED-	- Dounds Misbury MC ITEB & 1900	

H ShayFeed II To Beer Salisbury Peninsula General Pespital Factors of Elementary THE THE COURT POWER & TOWNS CONTRACTOR Baselin by Fillmy Company of the contract of the MEMBER OF LINE OF CHEST WAT TO STUDY THE 1. CSC 2 x 81.5

	ST	A	TE	OF	M	ARY	LAN
MENT	0	E	Me		TH	AMP	BAE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR CERTIFICATE OF DEATH REGISTRAR REG NO FIRST MIDDLE 2s DATE OF DEATH MONTH

- STATE 1. DECEASED NAME 26. HOUR (TYPE OR PRINT) MAE BELLE 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST METHOAY) IF UNDER I YEAR IF LINIDED 24 MDS MONTH YEAR DAYS HOURS Female White 27 1900 Aug 70. BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED X DIVORCED Wicomico 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salisbury Peninsula General Hospital Housewife none USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 1136 COUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Wicomico ruitland Division St. Ext. YES T NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Hargus Smullen Gertrude Jones 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) son Main Street Mr. Norman Whitelock. Mardel 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY andlogenic IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUÊNCE OF Myoca Conditions, if any, which gove rise to immediate la), stating underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION nspor 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? Mygiene YES [NOF YES [NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION ŏ 21d. INJURY OCCURRED 21s PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 220.8 certify that (1) (this hospital) attended the deceased from 2.6. sow the deceased alive an. ond that in (my) (ear? opinion death accurred on the date and hour and from the causes stated

abave, (1) (we) (did) (did not) when the body after death

226. SIGNATURE

224 PHYSICIAN'S NAME (TYPE OFFRIN)

MT

22e ADDRESS

Md.

ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 24 FUNERAL DIRECTOR

236. DATE

23c NAME OF CEMETERY OR CREMATORY

DEGREE

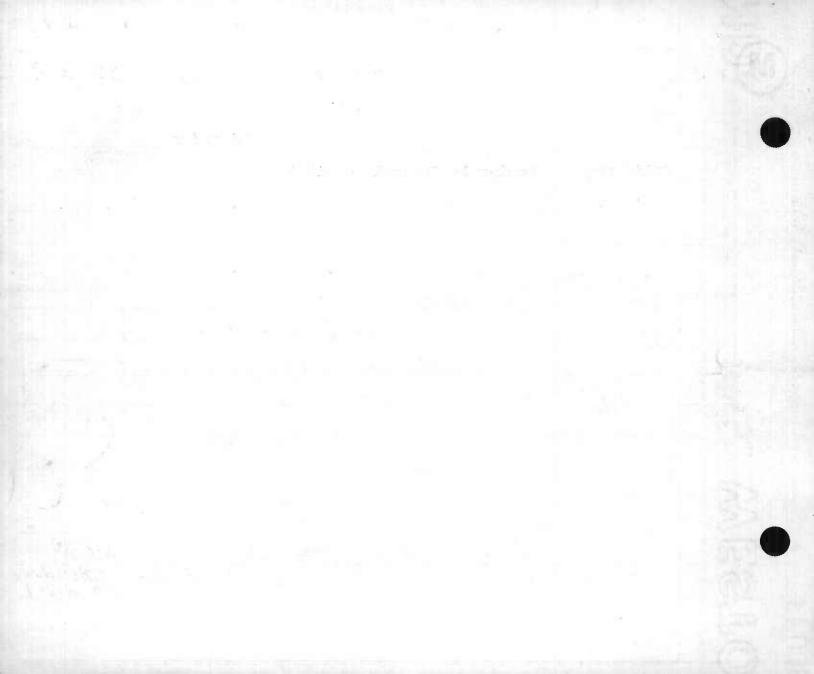
234 LOCATION CITY OR TOWN

Delaware, Chester Rural Cemeterv Chester 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH-16 20M (VRA 15, 4) 7/7B

MPORTANT

NAME FUNERAL HOME. Salisbury, HOLLOWAY



STATE OF MARYLAND

A STATE OF THE PROPERTY OF THE SERVICE OF LEVEL SER Total Joo himself . Ditmisks Addition to the second second

	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS OF STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
be ge 3		CEASED NAME FIRST OR PRINT! Herber	+ D.	u	right	FEBRUARY (26. HOUR 10:20am	
ge 4 may be geetlor, page	3. SE	Male	White		S. DATE OF BIRTH MONTH DAY 9-29-1900	6 AGE (IN YEARS LAST BIRTHI	YRS.		
her death. Powithin 72 hours included bronce.	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)		1 / 2 2 7 8		MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH WI COMICO MD			
by the		ALISBURY	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL PROPERTY STREET ADDRESS) Deer'S Head Center OTHER INSTITUTION, GIVE RESIDENCE SEFORE A OMISSION OF A CONTROL OF THE PROPERTY OF TOWN C. BY THE TOWN OF THE PROPERTY OF TOWN		DDRESS)	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LEFT INDUSTRY WINDER— Ser. States n 130, STREET ADDRESS Nanticoke Street			
filled in ould be	USU 13a.	AL RESIDENCE (IF NURSING HOME OF			1 13d INSIDE CITY LIMITS?				
completely s 1 and 2 sh	14. F	ATHER'S NAME GEORGE W. Wright		FIRST	Lavenia Marine Wright				
be execut an and co s. Pages 1		VAS DECEASED EVER IN U.S. AR YES, NO ORTUNKNOWN) (IF YES, GIVI	E WAR OR DATES)	CIAL SECUR -16-76		and Sharptow	n. 11d.	XIMATE INTERVAL	
e low requires that the death cern. nos been signed by the attending permit. Then please remove carbone prior to burrol, cremotion, or rews ony injury, or ather traumatic.	CATION		DUE TO, OR AS A C	ONSEQUE	SCLOUDTIC CON NCE OF EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND		INGS USED	
SICIAN Thing physicio certificate buriol-transit tental Hygie litem 18 sho	MEDICAL CERTIFICAT	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MC	ONTH DA	Y YEAR 1	YES NOTER NATURE OF INJURY	YES IN ITEM 18, PART 1 OR PART 2)	NO []	
HOSPITAL OR ATTENDING PHined by the hospital or othern FUNERAL DIRECTOR: After this vold be detoched for use os the I have Stote Dept. of Health and ORTANT: If them 21 is marked of	MED	21d INJURY OCCURRED WHITE NOT WHITE ATWORK ATWORK ATWORK 22a.I certify that Atwork sow the deceased alive on above, X (we) (did) (did) 22b. SIGNATURE MANCY Nancy W. Tust	view the body offer de	ory, OFFICE, FA	Feb. 01, 19 80 on and that in (N) (our) apinion DEGREE THE ATTENDING PHYSICIAN 220 ADDRESS	,	te and haur and fram the	, that * (we) lost e causes stated E SIGNED 08/80	
BP———		BURIAL, CREMATION, REMOVAL Burial		-	AME OF CEMETERY OR CREMATORY		COUNTY	STATE	
DHMH-16 50M 7/77 (VR A 15 (4))	24 F.	Uneral director Linech Funeral	Home Shar	ptown,	Md. 250F	Beld 9 1980	Sh HEST STATES STATES	Preorly	

THE PART OF THE PA					
	\ x	1,330		¢	
		A			
	70'		9 **	(
	Service of		3 80	0.0000	
	Marin Marin Mil				
是是自己的,但但是。		a A	a deat .		
ι· • • · · · ·		18-91 Permanan		lojeni eV plakti	